

# THE MEDICAL AND SURGICAL REPORTER

No. 1584.

PHILADELPHIA, JULY 9, 1887.

VOL. LVII.—No. 2.

## ORIGINAL DEPARTMENT.

### LECTURE.

#### THE EXTERNAL TREATMENT OF PULMONARY CONSUMPTION.

A LECTURE DELIVERED AT THE PHILADELPHIA  
POLYCLINIC, BY THOS. J. MAYS, M.D.,  
Professor (Adjunct) of Diseases of the Chest in the Phila-  
delphia Polyclinic.

Much has lately been said in regard to the treatment of pulmonary consumption by gaseous enemata, by inhalation of medicated vapors, and by compressed and rarefied air; and, however valuable all these methods may be, it must be confessed that their principal value lies in their power to disinfect the catarrhal products in the bronchial tubes, and in such cavities as may be in communication with these tubes; and that they have but very little, if any, decided influence on the solidified portion of the lung—the objective point of all treatment in the disease. It is true that they frequently dry up the secretions, and improve the respiratory function around the seat of infiltration, but this, the citadel of the disease, they leave practically untouched. The failure of these methods to act favorably is due to the fact that neither the blood vessels nor the bronchi—the channels through which the medicaments are conveyed—have, in most instances, any communication with the central seat of infiltration, being occluded by pressure of the catarrhal accumulation incidental to the disease.

We have here, then, in the general majority of instances in this disease, a condition which is a deposit of inflammatory

products in the lung, differing essentially in no wise from a similar deposit in any other part of the body; and it is very natural to suppose that that which does good in the one condition will also be useful in the other. You know as well as I can tell you that the application of moist heat and of passive motion are of inestimable value in producing reabsorption of chronic inflammatory deposits in joints and in other parts of the body—usually the result of injury; and in keeping with this idea, I have for a number of years been in the habit of applying hot flaxseed meal poultices, as well as friction, to the chest in such affections, and I believe with the most gratifying results. According to my view these external applications have the power of increasing the circulatory, the lymphatic, and the cellular activity of the circumference of the infiltrated lung tissue, and, by their operation on the surroundings of the diseased centre, they gradually reduce and remove the consolidation.

First, as to the manner of making and of applying a poultice. The flaxseed meal is boiled and spread three-quarters of an inch thick between two pieces of flannel cut in the shape of a jacket, which is well fitted to the top, front and back of apex, as well as to the anterior and posterior aspects of the affected lung. It is then adjusted to the chest, and the outside well covered with oiled silk or oiled muslin. It must be changed every two or three hours, or sooner if it becomes cool. If it is made properly, it will remain warm for three hours. This process is to be continued from morning until night, when the poultice is taken off, and the chest is well wrapped with woolen

flannel for the night, in order to avoid a sudden disturbance of bodily temperature during the sleeping hours. The next morning the same programme is begun, and it is continued in the same way for at least three weeks, or as much longer as is necessary. It is much more expedient to poultice during the day only, and allow the patient to rest during the night. After the patient has been poulticed for five or eight days a change in the physical signs begins to manifest itself. Where previously there was heard nothing but a roughened or bronchial breathing, subcrepitation, probably crepitation, and mucous râles show themselves, leading one to suspect that the disease is advancing instead of improving. Subsequent experience teaches, however, that these superadded signs are due to the process of resolution which is taking place. The patient experiences greater freedom in breathing, his cough becomes easier, and his expectoration is looser, and at the end of the prescribed time there is usually an improvement in his general condition.

In addition to the application of moist heat, I very frequently employ local or general massage once or twice a day. This has undoubtedly the power of assisting the former method in removing the intra-alveolar material.

Now the case before you to-day, like many others which you have seen in this institution before, has been principally treated by the external method. You will recollect that his history when he first came under observation in March 3d, 1887, was as follows: His age is 31, married, and a weaver by trade. He said he had pleurisy eight months ago, since which time he is suffering from cough, expectoration, much hoarseness, constant dyspnoea, had no hæmoptysis, but his sputum is occasionally blood-streaked. He is losing flesh, has night-sweats, poor appetite and coated tongue.

*Physical signs.*—Right side: Dullness in apex, extending to second rib in front, and to spine of scapula behind, crepitant and sibilant râles associated with bronchial respiration in anterior aspect of apex over area of dullness, while from here down to base, mucous râles. Left side: Mucous râles distributed over anterior surface of lung. From this date to the following 7th of April, he was treated with the sulphuretted hydrogen enemata twice a day. At the end of this time he felt no better, his appetite was poor, and the physical signs were the same as at the first examination. On this day the poultice and hypophosphites were substituted for the gaseous injections, and after a due course

of poulticing he improved in every respect. His appetite is good, the dyspnoea much less, and he gained in weight. Physical examination to-day, four weeks after beginning of external treatment, shows that the dullness is nearly gone, and the chest râles are very few. This case, while not entirely well, is still interesting from several points of view. It shows how much can be done with well regulated and persistent treatment. If the case is well managed during this preliminary period, and advantage is taken of the improved condition of the appetite, which almost invariably follows, and if these efforts of nature are still further supplemented by appropriate internal treatment, such as giving cod liver oil, the hypophosphites, good nutritious food, compressed and rarefied air, the gaseous enemata, etc., pulmonary consumption becomes as amenable to treatment as any other disease. In the course of two or three months this patient will undoubtedly recover his health as fully as this second case did which I shall bring before you to-day.

The patient aged 35, is the wife of a laboring man, and came under observation December 5th, 1884. She then had a severe and constant cough, yellow, blood-streaked expectoration, which began the previous August. She also had hæmoptysis, poor appetite, night sweats, and was losing flesh. Besides she had a bad family history, her father having died of phthisis. She was treated with tonics, among which were the hypophosphites, iron, quinine, cod liver oil, without any improvement until the middle of the following January, when the flaxseed poultice was applied to her chest, at which time she showed the following physical signs: Dullness and increased vocal fremitus and resonance over right apex, no crepitation, but bronchial respiration over same region posteriorly and mucous râles anteriorly. After being poulticed for one week she breathed more free, and coughed and expectorated less. The record shows that at this time there were (what is frequently experienced during the early period of poulticing) heard over the posterior area of dullness, some moist râles. On February 4th the examination showed that dullness persisted, but that all the moist râles had vanished, except a sharp click during expiration, which was heard behind over affected area. The following April she had recovered so far as to be able to resume her household duties. Since then she gave birth to a fine boy, and as she stands before you to-day, you will find on examining her chest that there is not a single landmark remaining of her former

disease, except probably a slightly roughened respiration.

This external plan of treating pulmonary consumption and other chronic inflammatory diseases of the chest I have had under trial for nearly half a score of years, and it is not only of great practical importance on account of its efficiency, but also on account of the economy which can be practised in regard to giving medicine by the stomach. The digestive organs always deserve great consideration in the treatment of chest diseases, and the less they are utilized for administering medicines, and the more for the purpose of feeding the patient, the greater will the benefits be which accrue to the latter.

## COMMUNICATIONS.

### SOME OLD-TIME PRESCRIPTIONS.

BY HARRISON ALLEN, M. D.,

*Emeritus Professor of Physiology in the University of Pennsylvania.*

A short time ago a practitioner of some fifteen years' experience told me that he supposed that he treated very few diseases in the same way as he did when he began his practice. He thought his results were no better now than then. Under attempts to grow and improve on our method in practice, it is an open question if we always change for the better. We certainly have writers of eminence who declare that the number of drugs actually needed in the practice of medicine is relatively few. Prof. Samuel D. Gross was in the habit of saying, "Give me quinine, opium, calomel and jalap, and you can throw all the rest of the *Materia Medica* out of the window." I infer what was meant by such an expression was simply that a good workman can handle a few well-selected tools to good advantage and to the exclusion of the rest of his kit.

While we have added to our list from time to time many important remedies, we should take care not to ignore the claims of those which have been tried and not found wanting in the hands of men as able and as experienced as those of our own generation. One can readily imagine such a splendid observer as was Robert T. Graves, were he now to return to his former field of renown in Dublin, practicing precisely the same methods he did nearly fifty years ago; and perhaps, after all, not to be found wanting in results as good as any of his later-day compeers. In addition to the valuable narcotics which have

been introduced since Grave's time, are we to forget the very important recommendation of this writer of uniting antimony and opium for the relief of insomnia where opium alone has failed? This instance is mentioned since it is an example of the happy effect of combining two remedies, each of which aids the other in securing a result which is not attainable by the use of either drug administered separately. Pursuing the same line of reflection, we can claim an advantage in retaining some of the old forms of the combination of drugs, for the reason that it is not at all likely that our efforts to make new combinations of remedies of the same grade is likely to be as useful.

A number of formulæ have become famous by reason of their convenience, safety and efficacy. Let any one endeavor to improve upon Huxham's compound tincture of cinchona, upon compound spirits of lavender, or upon paragoric, and he will find that very many unsatisfactory attempts will be made before he can even approximate in value these universally accepted combinations. While we deprecate any disposition to practice by formulæ, a number of old and tried recipes may be set aside as possessing unchallenged merit.

I propose to call attention to several of such happy combinations which are known to be especially useful. The first I may mention in this connection is a formula recommended by Thomas King Chambers in the Fourth edition of his "Lectures, chiefly Clinical," London, 1865, page 343. I am not sure that this book contains the first written notice of the prescription, but I find no allusion to it in the first edition of this work.

R. Tincturæ ferri sequichloridi ..... ʒij  
Strychniæ hydrochloratis ..... gr. ½  
Tincturæ digitalis ..... ʒj  
Misturæ camphor ..... ʒx  
Fiat mistura. Sig. Two tablespoonfuls, twice daily.

It is not alleged that the formula is original with Dr. Chambers. He simply states that he administered an ounce of the mixture twice a day in a case of anæmia in which the eye balls were prominent. The subject of the lecture in which the statement occurs is that of "Prominence of the Eye Balls." Dr. Chambers dwells upon the significance of the form of anæmia seen in young women in whom there is excitement of heart's action, retarded development of the sexual functions, and engorgement of the thyroid gland. The lecture is a most admirable one. It contains a fine description of this form of disease. The remedy acts most happily.

There appears to be no need of changing it; the iron is adapted to the anæmic condition; the strychnia is a tonic to the small blood vessels and to the central nervous system, the digitalis is a heart tonic and the camphor is an anti-spasmodic. The remedy does not interfere with digestion. With watchfulness and care, its use can be persisted in indefinitely. It is not necessary that all the symptoms included in the above category should be present in order that this remedy may prove efficacious. The recognition of a retarded state of development of the ovaries and associated organs, absence of the secondary sexual characters, anæmia, and a thyroid engorgement, is sufficient.

A second formula, perhaps not as elegant as the foregoing, is the following:

R.	Hydrarg. bichlor.....	gr. iv
	Solve in spirit rectif.....	3 ij
	Decot. Cinchonæ.....	3 ij
	Mel Rosæ.....	
	Tinct. Myrrhæ.....	aa 3ij
M.	et. ft. gargarisma.	

This prescription appears in the Institute of Surgery of Sir Charles Bell. As it appears above, it is copied from Dunglison's American Medical Library, 1840, page 352. The formula is reproduced exactly as it is printed, with the exception that for the words hydrarg. oxymerat., hydrarg. bichlor. is substituted. Our authority recommends the combination for ulcerated forms of syphilitic sore throat. I think it would be difficult to improve upon this formula for a mercurial wash in such a condition. In prescribing it the patient should be directed to use a small quantity at a time, and to note its effects; if it prove to be too severe he should add an equal quantity of water to each dose, which might be limited to a tablespoonful. If this prove to be irritating, it may be again diluted until at last it can be easily borne. The patient should be encouraged to use the remedy as far as practicable in the form above given. If he is compelled to begin with the dilutions he can be induced after he is in a measure accustomed to the effects, gradually to return to the original strength of the remedy. This formula was for many years, and probably is yet, a favorite formula in the Philadelphia Hospital. I became familiar with it while serving as resident physician in that institution in 1861. It is surprising how rapidly the symptoms of an ordinary venereal sore-throat subside under its use when the internal administration of anti-syphilitic remedies is at the same time attended to. I have several times substituted other remedies for it (since it is not an ele-

gant preparation), but I have never found anything which can take its place. I also recommend cordially Sir Benjamin Brodie's method of administering bi-chloride of mercury in congenital syphilis, viz.: the exhibition of the drug in the presence of Huxham's tincture.

Striking effects can be procured in rebellious cases of syphilis by ordering Zittmann's decoction. A drawback to its general use is the expense attending its preparation, which appears to be considerable. Doubtless many practitioners of experience recall the name of Zittmann as connected in a shadowy way with the task-work of their student-life. It is well to remember that his preparation is an illustration of the empirical rule that a remedy that will not be absorbed in one form will be readily taken up in another.

It is seen that both Bell and Brodie employ preparations of bark as vehicles for corrosive sublimate. Graves in his Clinical Lectures, (New Sydenham Soc., Edition II, 2) recommends using a decoction of bark to exhibit tincture of capsicum in a stimulating gargle for the chronic hoarseness of growing boys and girls.

In employing an astringent for a gargle we can receive valuable hints in recalling the way in which our seniors introduced (instead of pure tannic acid) a native substance known to contain the acid. As an example of this form may be named the recipe which is known in Philadelphia as Goddard's gargle. In some formulæ books it appears as Gargarismus Granati Compositus. My inquiries respecting the time when this prescription first became popular have not been successful. It is known that Dr. Paul B. Goddard first prescribed it, and that it has been known from his time, viz., from about 1850, under his name. It was the favorite of more than one of Goddard's contemporaries. It was frequently prescribed by the late Dr. Francis Gurney Smith.

R.	Aluminis.....	3ij
	Cort. Granati.....	3ss
	Petal Rosæ Rub.....	3j
	Mellis.....	3j
M.	Aquæ Bull.....	3vj

The mixture can be used without dilution, or with an equal quantity of water. It appears to present all the features required by an astringent wash to the throat. If increased strength is demanded it is better to direct an agent to be employed topically by the attending physician.

Another preparation, the uses of which can be made to subserve a great number of indications, is Fowler's solution of arsenic.



Small doses of this preparation, say two or three drops twice a day for a period varying from one to six months, produce most gratifying results in those states of impaired health which appear to be due to an inheritance of a phase of malnutrition, and which is so evasive that it is difficult to give it a distinctive name. Local diseases engrafted on such a condition will often resist remedies until arsenic in the form of liquor potassæ arsenitis is employed. Pharyngitis sicca, atrophic nasal catarrh, anæmia accompanying tertiary syphilis, are sometimes greatly improved, indeed to a degree far greater than it has been in my hands possible with any other agents, by these small doses of Fowler's solution.

### THE PUPIL IN HEALTH AND DISEASE.

BY W. CHEATHAM, M. D.,  
Lecturer on Diseases of Eye, Ear, Throat, and Nose  
in the University of Louisville.\*

The size of the pupil in health depends upon the intensity of the light, chiefly, the pupil dilating and contracting as long as there is perception of light.

Contraction to light is a reflex motion, the optic nerve being the afferent nerve; and the third nerve the afferent nerve, innervating the sphincter pupillæ. The anatomical investigations of Meynert have shown that between the corpora quadrigemina, and the centre for the third nerve, in the floor of the fourth ventricle, run communicating fibres, which probably enable this reflex to take place. Owing to the semi-decussation of the fibres of the optic chiasm, the stimulant of light, when applied to the eye alone, passes up each tractus with equal power to the corpora quadrigemina of each side by Meynert's fibres to the centre for the third nerve, and then down the pupillary branches to each eye, causing thereby a contraction of the pupil in the non-illuminated eye (consensual contraction), as in its fellow; so, in testing the play of the pupil of a single eye, cover the fellow eye well. It is probable, however, as Lesser points out, that, in addition to this method of bringing about consensual contractions of the pupil, there is a communication direct or indirect between the centres for the third nerve of each side capable of affecting it. In no other way can the fact be explained that consensual contractions of the pupil is

maintained in cases of homologous hemianopsia. If, for instance, there be a lesion of the right tractus opticus giving rise to left hemianopsia, the centre of the left third nerve alone can be primarily stimulated. But as both pupils act, a communication between the centres of the third nerves must exist. Merkel believes "there is a direct anastomosis between these centres."

In addition to the stimulus of light, the pupil-contracting centre is excited by or simultaneously with the effort of accommodation for near vision. This contraction, however, says Swanzy, is much more intimately connected with convergence of the visual lines than with the effort of accommodation. E. H. Weber asserts, "that the pupils do not contract if accommodation be effected without convergence, but that in convergence without accommodation contraction is observed." A patient I had in the office, March 28th, 1887, appears to upset some of these theories. L. B., age 10, had diphtheria January last; three weeks after recovery he discovered he could not read; vision for the distance was perfect, pupils normal in size, and responded readily to light and darkness. On having him look from my operating room to the front door, a distance of about ninety feet, the hall being rather dark, his pupils were widely dilated. On converging and looking at my finger, held ten inches from the eyes, the pupils did not change in size. The little fellow was suffering from paralysis of accommodation. Convergence was perfect; so was the action of the pupils when exposed to light and shade; but the pupils did not contract on convergence, a condition nearly opposite to what is known as the Argyll-Robertson pupil. Aubert, Priestly Smith, Hensen, and Völckers think there is probably in the posterior part of the floor of the third ventricle a common centre for the three actions—convergence, accommodation, and pupil contraction, these centres coming in close succession.

The existence of such a centre has been placed beyond a doubt by Ealis' case of paralysis of convergence and accommodation, and of the associated pupillary contraction.

Dilatation of the pupil is the result of the contraction of the dilatore pupillæ, innervated by the tonic action of the cervical sympathetic.

The dilating fibres originating in the front part of the floor of the aqueduct of Sylvius, pass to a region in the lower cervical and upper dorsal portions of the cord, called the ciliospinal centre; and from thence pass out with the two first dorsal nerves, and by way

\* Read before the Kentucky State Medical Society, at Paducah, June 16th, 1887, and specially reported by Dr. W. Y. Howard.

of the rami communicates to the sympathetic in the neck: and thence to the cavernous plexus, Gasserian ganglion, ophthalmic division of the fifth nerve, nasal branch of this division, ganglionic branch of this nerve, ciliary ganglion, there joined by more branches from the cavernous plexus, and from thence by the short ciliary nerves reach the eye. The dilating fibres are of a two-fold nature: muscular and vaso-motor; experiments indicate this, and that the centre for each kind of fibre is different. While light is the only stimulus capable of bringing about a reflex contraction of the pupil, the pupil-dilation centre reacts to other stimuli, such as galvanism applied to the leg, the tickling of a sensitive place in the region of the fifth nerve on the face, shouting loudly in the ear when under the influence of chloroform. The centre is probably in the medulla oblongata; but, as it takes place when the cervical sympathetic is divided, it is evident that all the dilating fibres do not run to the eye by way of the cervical sympathetic. The pupil of the cat dilates in anger, and those of a child when frightened. The pupils of delicate, nervous, excitable people are often much and habitually dilated.

With deep inspiration and expiration the pupil dilates, the result of retention of carbonic acid gas in the blood. It also dilates at the beginning of each labor pain, showing the close association of the two centres. The fifth nerve is supposed by some to have a similar influence on the pupil as the sympathetic; the confusion arises from the fact that the fifth nerve, when divided within the cranium, divides also the sympathetic.

With the action of mydriatics, atropia, duboisin, hyoscyamin, and daturin, eserin, etc., all of us are familiar. When the pupil suddenly dilates under chloroform-narcosis danger, is near.

Now, as to the pupil in disease, myosis, or a contracted pupil, may be caused by a diseased process irritating the pupil, contracting the centre or fibres (irritating myosis), or by one causing paralysis of the pupil-dilating centre or fibres (paralytic myosis), or by combination of both; either cause would produce a medium myosis. A combination of the two would give a maximum myosis. Irritation myosis, according to Lesser, is not usually increased by the stimulus of light, nor on convergence, nor does it diminish in shade. Mydriatics dilate such a pupil widely; myotics contract it ad maximum. In paralytic myosis the pupil reacts well to light and convergence, but does not dilate on application of sensory stimuli or with

co-ordinate motions. Mydriatics dilate such a pupil only partially, while myotics contract it ad maximum.

In maximum myosis every reaction is defecting, strong mydriatics alone producing medium dilatation. Irritation myosis is found in the early stages at least of all inflammatory affections of the brain and its meninges, in simple tubercular, and cerebro spinal meningitis. When in these diseases the medium myosis gives place to mydriasis, the change is a serious prognostic sign, indicating the stage of depression, with paralysis of the third nerve. In cerebral apoplexy, according to Berthold, the pupil is at first contracted, which makes this a point of differential diagnosis between apoplexy and embolism, in which the pupil is not changed. In the early stages of intracranial tumors, situated at the origin of the third nerve or in its course, at the beginning of a hysterical or an epileptic attack; in tobacco amblyopia, probably from stimulation of the pupil-contracting centre by nicotin; in persons following certain trades, watch-makers, jewellers, etc.; as a reflex action in ciliary neurosis, consequently in many diseased conditions of those parts of the eye supplied by the fifth nerve. Paralytic neurosis occurs in spinal lesions above the dorsal vertebræ, such as injuries and inflammations, and especially the chronic form. The contracting pupil occurring in gray degeneration of the posterior columns of the spinal cord has long been known as spinal myosis. In the simple form of this myosis the pupil has but a medium contraction, and reacts to both light and convergence. This condition is found in the early stages alone, when the disease has attacked the cilio-spinal centre, or higher up, as far as the medulla oblongata; later on, when Meynert's fibres become engaged, we have the Argyll-Robertson pupil. The very minute pupil often seen in tabes dorsalis is often due to secondary contractions of the sphincter pupillæ. Argyll-Robertson first pointed out that in tabes dorsalis, the pupil although contracted, and responding to light but slightly or not at all, contracts on convergence of the visual axes. He explained this phenomena as being due to paralysis of the cilio-spinal nerves, which he therefore regarded as the nerves supplying the sphincter iridis.

Rachlmann points out that the myosis and the motor phenomenon are not directly connected, for it sometimes happens that pupils which do not react to light and do not contract on convergence, are not habitually contracted, and may be even somewhat dilated. The two symptoms are no doubt

often present together in tabes. The myosis is a sign, and an important one, of disease of the posterior columns; while the defective reaction to light, with retained contraction on convergence, indicates some disease at some distance from the spinal cord, namely, in Meynert's fibres; and this is probably the correct explanation of the Argyll-Robertson symptom. Rachlmann and Drowin regard myosis as one of the cohort symptoms of tabes, while Vincent does not.

Paralytic myosis is found in general paralysis of the insane. In acute mania the pupil is usually much dilated, and when the mydriasis is changed from myosis, approaching general paralysis may be prognosticated. Myosis following an irritation-mydriasis is also found in myelitis of the cervical portion of the cord.

In bulbar paralysis, if paralytic myosis occurs, the disease is probably complicated with progressive muscular atrophy, or with sclerosis of the brain and spinal cord. Myosis may also be due to paralysis of the cervical sympathetic, the result of pressure of an aneurism, or enlarged lymphatic gland. In apoplexy of the pons varolii myosis is present.

Uthoff found reflex immobility of the pupil, combined with preservation of reaction on convergence in 136 among 166 cases, under the following circumstances: In tables of 92 cases, 67 per cent. of all cases, the pupils were of unequal width in one-fourth of all cases; unilateral paralysis of accommodation in only five cases.

In dementia paralytica in 12 cases.

“ syphilis in 11 cases.

“ other cerebral affections in 8 cases.

“ multiple sclerosis in 2 cases.

“ railway spine in 2 cases.

“ injury of the head in 1 case.

“ congenital feeble-mindedness in 1 case.

“ abuse of tobacco in 1 case.

“ hystero-epilepsy in 1 case.

“ hemianæsthesia dextra in 1 case.

No cause assignable in 3 cases.

Reflex immobility of the pupil, without reaction on convergence was found in 30 cases, as follows:

In syphilis in 8 cases.

“ tabes in 3 cases.

“ progressive paralysis in 3 cases.

“ injury in 2 cases.

“ cold in 1 case.

“ beginning tuberculosis of the brain in 1 case.

In tumor cerebri in 1 case.

No cause assignable in 12 cases.

Mydriasis may be caused by a diseased

process, giving rise to irritation of the pupil, dilating centre fibres, or by paralysis of the pupil contracting centre, or fibres. The former is characterized by a moderately dilated pupil, contracting somewhat to light and in convergence, but not dilating on sensory stimuli, easily dilated ad maximum by mydriatics, but with difficulty contracted ad maximum by myotics. The latter is called paralytic mydriasis, and in all there is a moderately dilated pupil reacting to sensory stimuli. The reaction to light and on convergence varies according to the seat of the lesion. If the latter lie between the iris and pupil-contracting centre the direct and consensual reaction to light is wanting, as also the associated motion on convergence of the visual lines. But if the lesion lie between the retina and the pupil-contracting centre, the direct contraction to light is *wanting*, but the consensual contraction and that on convergence is retained. In either case the pupil can be dilated ad maximum by mydriatics, but not contracted more than medium by myotics. Irritation of the pupil-dilating centre and paralysis of the pupil-contracting centre existing simultaneously give rise to maximum mydriasis.” Irritation mydriasis occurs in hyperæmia of the cervical portion of the spinal cord, spinal meningitis and the early stages of the new growths in the cervical portion of the cord, cases of intracranial tumors and other diseases causing high intracranial pressure, according to Rachlmann, although according to Lesser, these may also rise to paralytic mydriasis, in spinal irritation of anæmic people, often severe illness. As a premonitory sign of tabes dorsalis, in cases of intestinal worms, or other forms of intestinal irritation, in acute mania, melancholia, or progressive paralysis of the insane, we often note the unilateral form with myosis in the other eye. Unilateral mydriasis occurring in short intervals, now in one eye now in the other is, according to Von Graefe, a premonitory sign of mental derangements. Paralytic mydriasis may be due to paralysis of the pupil-contracting centre, or occur as a result of the stimulus not being conducted from the retina to the centre. It may be found under the former circumstances, sometimes in progressive paralysis, when at first there was myosis. In various diseased processes at the base of the brain, affecting the centres of the third nerve. In a later stage of thrombosis of the cavernous sinus in orbital processes which cause pressure on the ciliary nerves, in glaucoma in cases of intra-ocular tumors which have attained a certain size.

## A FEW FACTS ABOUT INJURIES OF BASE-BALL PLAYERS.

BY A. H. P. LEUF, M. D., OF PHILADELPHIA.

Late Pathologist to St. Mary's General Hospital and Surgeon of the Southern Hospital and Dispensary, Brooklyn.

As a systematic discussion of the injuries of base-ball players would consume too much time and space for a single paper, I shall, in this one, only call attention briefly to some of the peculiarities of this class of injuries, as well as to what a player must bear as an ordinary every-day matter.

### The Ball.

In the first place, a regulation base-ball measures nine inches in circumference and weighs five ounces. It is composed of woolen yarn firmly wound around a one ounce solid rubber sphere. The whole ball is covered with two pieces of horse-hide, and is then wrapped in tissue paper and tin foil, and sealed up in a stamped box. The price is \$1.25 and \$1.50 each. Two or more are used in every game, lasting about two hours. The ball seems almost as hard as wood.

### Momentum of the Ball.

The ball is thrown most of the time with great force. The pitcher, who is constantly sending it towards the batsman, to be struck at, causes it to go along with the greatest possible speed. Under such circumstances, it frequently traverses fifty feet in one second. The man who catches the ball wears heavy gloves; the one upon the left hand often having thick sole leather finger-tips. A pitched ball also has a well marked gyration in either direction upon a horizontal, vertical, or oblique axis. This makes the catcher's work very hard. He is likely to be injured, especially when the batsman in hitting the ball, causes it to continue onward behind him with increased momentum and slightly deflected from its course the moment it is struck by the bat. When the catcher is up behind the bat, he runs a great risk of injury from these deflected balls or "foul tips," as they are called.

The other players who throw the ball from base to base, or "home" to prevent a run being scored, throw with all their might to get it to the desired place before the runner. A good thrower can throw a ball 300 feet, though it has been thrown over 400 feet. Balls batted up into the air are called "fly balls," and, if batted very high, have a great momentum when they fall into the fielder's hands.

The impact of the ball upon the player's hands usually is something unimaginable till seen or experienced. A novice would have a crippled hand for many days if he was foolhardy enough to attempt catching a swiftly thrown ball, so terrific is the speed and impact.

### Protection of Players.

The catcher, who stands behind the bat, would be in the most dangerous position if not protected. To guard against accidents, so far as it is possible, he is provided with the heavy gloves already mentioned. They are padded in the palm, and open at the back so as not to be too warm. The right hand glove has no fingers so that the ball may be grasped and thrown with swiftness and accuracy. His additional protection consists in a heavy mask made of the best steel wire of about the size of telegraph wire. This is held against the face by dog leather straps resting against the forehead and chin, and an elastic band which passes around the head. I have a number of times seen these heavy masks beaten out of shape while on a player, by being struck by a foul tip. But yesterday I saw one knocked off the catcher's face fully twelve feet over his head into the air. If the catcher is a wise and sensible man—and most of them are now-a-days—he wears an inflated rubber chest and belly pad, secured to the body by a neck and waist strap.

The hardest blows, kicks, or swiftest thrown balls may be allowed to strike this pad, while on a player, with impunity, and that, too, right over the solar plexus. It does not cause any inconvenience.

Catchers' gloves are almost always worn by the first-baseman, to whom many balls are thrown as swiftly as a player can send them, so as to put out the batsman who has hit the ball and is running to first base. The other players as a rule have no protection other than their wits and bare hands. If one has a sore or tender hand, he may wear a glove. The pitcher, all things considered, is in most danger, as he stands immediately in front of and within fifty feet of the batsman. A sharp hit "line ball" may strike him anywhere before he can tell where it has gone. Only yesterday I saw a pitcher just have time to throw up his hands and save his face from being badly hurt. No one, I believe, saw the ball, but heard the crack of the bat striking it and immediately afterwards the smack as it came against the pitcher's hands. Thus while the catcher naturally occupies a position of great danger, the pitcher's is actually more so, because he is without any guard whatever.



**The Way to Catch and the Way Not to Catch.**

Scientific catching is easily understood, but often difficult to learn. It is necessary that the hands should recede with the advancing ball, thus lessening the force of the impact and preventing bruising. This cannot, however, be avoided in catching very swiftly moving balls, though it can be modified. Again, it is very important to have the edges of the hand facing the coming ball, instead of pointing the tips of the fingers towards it. All one's attention should be directed towards gauging the ball as it arrives, whether it be from above, on a line, or bounding or rolling upon the ground, and the hands should never be held in position to receive the ball till it is actually time to do so. Care must always be taken to shade the eyes from the sun, and the fear of being injured must never interfere with good judgment.

The wrong way to catch is to push the hands against the advancing ball, or to hold them stiffly. Holding the hands with the fingers directed toward the ball is bad, as it often causes severe injuries. By holding the hands ready for the ball before it is necessary, one is more apt to get them in an awkward position in case the ball should take an unexpected course, for instance, as caused by a gust of wind, by curving or by deflection in bounding or rolling upon an uneven ground. Many injuries have been sustained because of the sudden flashing of sun into the eyes, causing sudden loss of sight of the ball, or at least of perspective or distance. A man should never attempt to field a ball he is afraid of, as he is very apt to be hurt if he does.

**The Injuries of Ball Players.**

Those which arise from pitching, I have touched upon at length in another paper which will appear about the same time as this, or a little later. I shall therefore speak of the others. Those most commonly sustained are subluxations of fingers; complete dislocations of the same, either simple or compound; clean cut or contused wounds; bruises of any part of the body from thrown balls; abrasions from sliding while on a "dead run;" "stone bruises;" and fractures and dislocations of the large and small bones of the extremities.

Injuries to the fingers and hands are almost invariably due to a habit of catching the wrong way, or to carelessness. I saw one man who had a double dislocation of the right index finger. The distal phalanx was turned backwards, while the middle phalanx was turned toward the middle finger. A

fellow-player took hold of the proffered crooked finger and promptly pulled it straight, and the game went on with the injured man at his post as though nothing had happened, and with only 10 or 15 seconds interruption. He continued playing nearly every day and his finger, while at first swollen and somewhat tender if hit hard, recovered itself completely.

Another man, while attempting to catch a high fly ball on a run, caught the sun in his eye, lost sight of the ball for a moment, and had it fall between his upraised hands upon his right eyebrow. It made a clean cut that bled profusely and required four horse-hair stitches. There was nothing antiseptic about the sewing and dressing of the wound, and yet the stitches were removed on the fifth day and union was perfect. The patient was a physician, and, without any surgical dressing whatever, went about his professional work as usual the day after the injury.

Still another player had the web between the little and ring fingers of his right hand torn to the depth of three-quarters of an inch by a line-hit ball. It was stuck together with sticking plaster after the bleeding had ceased; he continued playing, and, at the end of the week, it had healed with a minimum scar.

Similar instances could be cited by the score, but it is not necessary. They nearly all give rise to little trouble and leave no bad after effects.

Subluxations of finger joints are common. They cause periosteal thickening, and even inflammation and hypertrophy of bone if not properly treated. All such thickenings, though not beautiful, make the joint stronger. They are useful but not ornamental.

I have a finger on my right hand which presents one of these thickenings. It was derived from five successive injuries received at the same place within one week while I was serving an apprenticeship to the game. It was treated *secundum artem*. The result was bad. Every one of the other nine fingers have been injured since, and some as badly as the specimen mentioned, but to-day they are perfectly normal. They were not treated according to the "best surgical methods," but according to base-ball custom. This consisted in continuing to play, and, whenever opportunity offered, either in the street, in the office, on cars, or upon the field, in firmly grasping the finger at about the middle and rubbing towards its tip. If continued a little while, the swelling, stiffness and soreness diminishes and after some weeks it is entirely gone.

The bruises of the body due to being hit, with pitched, batted, or thrown balls, are extremely painful at the moment and the pain usually lasts about half or one minute. Then it rapidly diminishes, until little discomfort is felt. Slight tenderness may remain for a day or two, rarely more; and discolorations, if present, continue the usual time.

When one is hit upon the back with a swiftly pitched ball, it is felt more as if it struck the inner side of the anterior wall of the chest, and the player's two hands are often quickly brought up against the front of the chest opposite the point in the back hit by the ball. This shows that the ribs transmit the force of the ball. The pain, as a rule, is of very short duration, but severe while it lasts, sometimes felling a player to the ground.

A pitched ball once struck the top of my head with sufficient force to bound off directly upwards a distance of fully 60 feet. It dropped within less than 10 feet of where I stood. There was no pain in the sensation, I simply felt it, that was all. Five minutes later, the place which had been struck could no longer be identified by pressure and percussion. There was no tenderness. This goes to show that what are apparently very serious accidents, really become laughable incidents of the game.

The proportion between the apparent risks of ball players and the actual number of serious injuries sustained, is marvelously small. Last year an umpire was instantly killed by being hit upon the chest with a foul tip. This year, a similar tip struck the pugilist Sullivan between the eyes and he was not even dazed, but pronounced it only equal to the blow of an inferior member of his own kind.

Compound dislocations are occasionally sustained; in fact, they are reported from some section of the country almost every week, but the proportions of such casualties is very small. The few I have seen did remarkably well by being simply pulled in place by other players and bandaged moderately tight. Playing in each instance was continued the very next day, or after a few day's rest at most. Primary union is the rule.

That ball-players have a special immunity, I of course do not claim; but it is evident to me that their injuries are peculiar, and the peculiarity is largely due to the training they get in becoming accustomed to resisting violence which has again and again been proven dangerous to the uninitiated.

To catch a "hot line ball" as soon as one

gets on the field, without any practice since the day before, and with sweaty hands, causes enough pain to set one's teeth on edge, and to make one anathematize base-ball and all its belongings. Let the hands be dry, though, and gradually accustom themselves to the swiftly coming ball, and there will be no pain. In some people the hands remain rather hard and firm, while in others they swell to as much as three times their usual thickness. The fingers also swell. This soft cushion is a wonderful protection against pain. Professional ball-players often have hands as soft as a woman's, especially some catchers and first basemen. In all of these the hands swell during play. This swelling comes on within from a few minutes to half an hour and increases till it reaches its maximum. I have seen it so great that the fingers could not be sufficiently closed to hold the ball. In this respect the hands of ball-players certainly differ from all others. They must in time undergo some radical, functional, and perhaps some structural changes. The physiological processes are more active. Repair after injury must therefore be more rapid and the tendency toward recovery so much the greater.

#### **The Treatment of Base-Ball Injuries.**

This is simple. There is one remedy and it is the panacea of the player's physical woes if he be not too lazy to avail himself of it—*hot water*. Nothing else compares with it. Its effects in the relief of pain are almost instantaneous. It is easily applied and inexpensive. To be effective, the water must be as hot as can be borne, and it must be kept so for an hour at a time if possible. The most marked swelling of the hands and severe pain can thus be reduced within twenty minutes. Otherwise it would require hours and be accompanied by some suffering. I have repeatedly observed that nothing will do so much harm to a player as to have him abstain altogether from playing because he has some trivial injury or sore muscles. No other treatment should be attempted for subluxation and simple dislocations without at first liberally using hot water. After this, it is best to surround the injured member with adhesive plaster and to place over all a moderately firm finger-bandage. The player may then continue playing if he choose. In cases of much effusion and tenderness of several weeks' standing, it is well to use moderate galvanism. If it is doing good, the patient will feel much the same sense of relief that he experiences with the use of hot water. The stroking of the finger, as already mentioned, is never to be neglected.

Lack of space forbids a more extended notice of these injuries. It is my intention to give more detailed particulars at a later day. But the fact remains that the injuries of ball-players heal more quickly and do less damage than *a priori* reasoning would cause one to suppose; and I believe that this is explained on the ground that the nutrition of the players' hand is much more active than in other people's, and hence tends more to recovery, as we find in children, in whom the nutritive changes are also very active.

240 South Eighth street.

## HOSPITAL NOTE.

### MEDICAL DISPENSARY OF THE UNIVERSITY OF PENNSYLVANIA.

Reported by M. Howard Fussell, M. D.

#### Gastric Pain.

The following cases have been selected as types of a class of cases, numerous as they are annoying to the practitioner. The treatment suggested, however, has been quite universally successful, and, though by no means original, deserves recording:

Wm. G., carpenter, aged 41 years. Habits good; always been accustomed to eat much indigestible food. For one and a-half years been suffering from severe epigastric pains; worse after eating; relieved by lying on the back; no vomiting; some flatulence; tongue flabby and coated. On examination there was found much tenderness in the epigastrium. He was put on a pill of  $\frac{1}{2}$  gr. silver nitrate and  $\frac{1}{2}$  gr. pulv. opii. His bowels were regulated by cascara sagrada. Almost immediately his pain began to subside, tenderness became less marked, and at the end of two weeks he considered himself cured. He received no other drugs except for a short time a mixture of tr. gentian and nitro-muriatic acid. At the present writing he remains well, with still some dyspepsia, but the annoying pain entirely relieved.

Robt. P., merchant, aged 71, married. Good habits. Had always been in the habit of eating cakes and cheese between meals, while attending to his store. For a number of years has had much flatulence after eating, but considered himself well until a year previous to his appearance at Prof. Osler's clinic. Suddenly, in the night, one year before, he was seized with a severe attack of epigastric pain, relieved by morphia; in two or three weeks had a similar attack; neither of these accompanied by vomiting. These at-

tacks were repeated four or five times, when their character suddenly changed. The pain became less marked, but was still present; but now he was attacked by distressing nausea and vertigo. The vertigo was so violent that he would fall. Some of the attacks were accompanied by purging. In the past year he has lost fifty pounds in weight. On examination by Prof. Osler his abdomen was flat, no evident tumor but an unnatural tenseness. A spot of tenderness was found just below the ensiform cartilage. This case was at first regarded as possible gastric cancer; but subsequent developments showed its true nature to be a gastric catarrh with gastralgie attacks. He was put on a powder of bismuth subnit, 10 gr.; soda bicarb., 5 gr.; morph. sulph.,  $\frac{1}{2}$  gr. In two weeks he had another attack, but the intervals lengthened, and he is now, a year and a-half after the first visit, apparently entirely well.

The treatment of these two cases is that which is followed as a rule in such cases in my room of the dispensary. It is usually successful. The silver and opium are used in the class of cases without marked flatulence, while the above powder is used where flatulence is a marked symptom.

## REPORTS OF SOCIETIES.

### THE PENNSYLVANIA STATE MEDICAL SOCIETY.

THIRTY-EIGHTH ANNUAL SESSION, BEDFORD SPRINGS, JUNE 29 TO JULY 1, 1887.

Friday, June 29.

The meeting was called to order by Dr. R. Davis, of Wilkesbarre, and prayer was offered by the Rev. E. N. Kremer, after which Dr. S. H. GUMP, of Bedford, made an interesting ADDRESS OF WELCOME. After the transaction of business, Dr. J. B. MURDOCK, of Pittsburg, delivered the *Address on Surgery*, taking for his subject: amputations through the foot; advocating the employment of Chopart's operation, and supporting the general principle that amputations should be made as far from the trunk as possible. The address contained the history of a case a man who had both of his feet frozen, and on whom Dr. Murdoch performed Chopart's operation for the consequent death of the ends of the feet. Both feet were operated upon at the same time. The result was unusually good, as the patient, after this double mutilation was able to go about with only one cane, walking erect, and being able to do a certain amount of walking without a cane.

DR. CHARLES S. TURNBULL, of Philadelphia, read the *Address on Ophthalmology*. This address contained many points of interest for the general practitioner, and it will be published, together with the diagrams with which it was illustrated, in an early issue of the REPORTER.

DR. CHARLES W. DULLES, of Philadelphia, then read his *Report on Hydrophobia* for 1886, reviewing the history of the subject during the year past since last the Society met. Especial attention was paid to the developments and changes in Pasteur's method of preventive inoculation.

DR. JOHN V. SHOEMAKER, of Philadelphia, exhibited, and described the uses of, some "*Medicated plasters for diseases of the skin.*"

DR. HOWARD A. KELLY, of Philadelphia, exhibited a remarkable specimen: a testicle removed from the right labium majus of a woman about 40 years old, who had been married for years. This was a case of transverse hermaphroditism.

In the evening a handsome banquet was given to the visiting members of the profession, and a large number of invited guests, in the dining room of the Bedford Springs Hotel.

#### *Second Day, June 30.*

DR. FRANK WOODBURY, of Philadelphia, read the *Address on Practice of Medicine*, advocating a form of exercise for combatting a tendency to phthisis.

DR. TRAILL GREEN, of Easton, then read a paper on *Palatable Therapeutics*, in which he drew upon his extensive experience for many interesting and instructive facts.

DR. GEORGE STUBBS, of Philadelphia, read a paper on *Iodoform in Surgery*.

The next paper on the programme was one by Dr. S. Solis-Cohen, on *Modern Methods in the Treatment of Pulmonary Consumption*.

In this paper Dr. Cohen spoke favorably of the results which may be obtained by Bergeon's method, but avoided exaggerated commendation.

DR. JOHN H. PACKARD, of Philadelphia, then described a case of *Right Inguinal Colotomy*, performed for chronic obstruction of the bowels, after an operation on the left loin had failed to disclose the location of the colon. The inguinal colotomy accomplished its objects in relieving the patient.

DR. THOMAS J. MAYS read a paper on the *Salient Points in the Treatment of Pulmo-*

*nary Consumption*. In this paper much stress was laid upon the advisability of early treatment, especially hygienic, in the treatment of phthisis, and some very remarkable results, in the practice of the author were cited.

An interesting discussion followed, which was participated in by Drs. J. H. Musser, Vogler, Traill Green, James Tyson, S. Solis-Cohen, and others. This discussion indicated the general opinion that consumption is a disease largely dependent upon a weak system and one liable to give way under strain. The way to prolong life is to begin at the earliest moment in life to fortify the subject of a tendency to phthisis against its outbreak. To this end good food and plenty of it, good air and exercise, and comparatively little medication are the most useful measures to be recommended.

When phthisis is fully established the patient can be much relieved; and the physician is bound to use every means to restrain the processes of fever, and sweating and profuse expectoration, which are available. Among these measures antipyretics have a certain value, and even Bergeon's method is of service.

The discussion also brought out the general opinion that phthisis pulmonalis is sometimes cured, and that it sometimes proceeds to a spontaneous cure.

DR. EDWARD JACKSON, of Philadelphia, read a paper entitled "*When and how to use Mydratics in the Eye.*"

In the evening the PRESIDENT, DR. R. DAVIS, of Wilkes-Barre, delivered the *Annual Address*.

In this address a conservative but hopeful appreciation of the value of medication was given, and useful suggestions offered as to what can be expected, and ought to be expected, from the use of drugs.

#### *Third Day, July 1.*

The programme for the third day included the *Address on Mental Disorders*, by DR. J. Z. GERHARD, of Harrisburg; a paper on *Expectorants in Pulmonary Diseases*, by DR. J. C. LANGE, of Pittsburg, and others.

The reading of a number of papers set down for the day was prevented by the departure of many of the delegates whose duties compelled their return before the session was finally concluded.

The following is the list of officers selected for the coming year:

*President*—Dr. R. J. Levis, Philadelphia.



*First Vice-President*—Dr. J. T. Ullom, Greene Co.

*Second Vice-President*—J. L. Seybert, Centre Co.

*Third Vice-President*—W. T. Hughes, Bedford Co.

*Fourth Vice-President*—A. M. Cooper, Bucks Co.

*Permanent Secretary*—Dr. W. B. Atkinson, Philadelphia.

*Recording Secretary*—Dr. Charles W. Dulles, Philadelphia.

*Corresponding Secretary*—Dr. J. H. Musser, Philadelphia.

*Treasurer*—Dr. O. H. Allis, Phila.

*Committee on Publication.*

Dr. W. H. Parish, Phila., *Chairman.*

G. W. Guthrie, Wilkesbarre.

L. H. Gump, Bedford.

Edward Jackson, Philadelphia.

*Judicial Council*—Dr. Traill Green, Easton.

“ Bishop, Harrisburg.

“ A. M. Miller, “

*Place of next Meeting*—Philadelphia.

*Time of next Meeting*—First Monday in June, 1888.

*Chairman of Committee of Arrangements*—Dr. John H. Packard.

Before adjourning, the Society voted an appropriation of one thousand dollars to the Ninth International Medical Congress.

#### ASSOCIATION OF MEDICAL SUPER-INTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

THE FORTY-FIRST MEETING OF THE ASSOCIATION WAS HELD IN DETROIT, MICH., ON JUNE 14TH, 15TH AND 16TH.

##### *First Day—June 14th.*

After the customary address of welcome, and a reply by the President, Dr. Henry A. Buttolph, of New Jersey, the scientific proceedings were opened.

DR. FOSTER PRATT, of Kalamazoo, on behalf of the Boards of Trustees of Michigan Asylums for the insane, read a paper on “The Asylum Methods of Michigan.” He went into an extended analysis of the nativity of the insane of the State, and showed that by far the larger percentage of insane, deaf, dumb and blind in Michigan are of foreign birth or descent.

The Nominating Committee reported the following names:

For President—Eugene Grisson, of North Carolina.

For Vice President—John B. Chapin, of Pennsylvania.

For Secretary and Treasurer—John Curwen, of Warren, Pa.

All the nominees were unanimously elected.

In the afternoon the retiring president, DR. H. A. BUTTOLPH, read his address, the topic being, “Insanity or Mental Derangement, with remarks on its nature, causes, classification, pathology and symptomatic forms.”

DR. DANIEL CLARKE, of Toronto read “A Psycho-Medical History of Louis Riel,” which was of great interest. Riel's mental instability was clearly shown, and his visionary schemes of becoming the head of some great religious movement dwelt upon.

The speaker detailed his own experiences with Riel in 1885, and said that Riel, while manifestly insane on certain subjects, rebelled against the idea that he was insane: he had rather die as a deliverer than live as a lunatic. Dr. Clarke considered that up to the time of the first rebellion Riel was intermittently insane, but after that time he was continually demented.

##### *Second Day—June 15th.*

DR. W. B. FLETCHER read a paper on “Trephining in Insanity Caused by Injury to Skull.” He cited a number of cases in which insanity had been induced by injury to the skull, and had been cured by trephining. Traumatic insanity does not always occur at the time of the injury, and is very frequently preceded by epileptic fits.

DR. CROSS exhibited a portion of a skull, showing that in that case the external depression was not opposite the protrusion on the inner table of the skull.

DR. EVARTS, of Cincinnati, reviewed the paper briefly, and took the ground that there should be no hesitation in resorting to trephining; for if the patient dies he is no loss, while if the operation should be successful another human being is saved to the world.

DR. DRAPER, of Vermont, said he hoped Dr. Evarts did not mean to say that an insane person's life was not worth saving.

DR. EVARTS answered that he meant that the life of a person hopelessly insane was not worth saving.

DR. ROBERTS, of North Carolina, raised the question as to whether it was desirable to trephine in cases of long standing.

DR. FLETCHER said that the best results he had attained had been in two cases of very long standing.

DR. CAMPBELL, of Tennessee, cited a case of perfect dementia of three years' standing, which was cured by trephining.

DR. C. K. CLARKE, of Kingston, Ontario, read a paper on "Goitre and Insanity." At Rockwood Asylum, Kingston, he found a large number of goitrous patients and one goitrous attendant. He found that the goitrous patients were of long residence, and that the 288 patients who were the victims of the disease had come from all parts of the Dominion, and that the size of the goitre was in proportion to the length of residence. In the Hamilton Asylum the same goitrous conditions exist, and it is possible that local influences may have much to do with them, though it is evident that the insane are much more liable to the disease than healthy sane persons.

DR. FLETCHER, of Indianapolis, said there were in his asylum nine well-developed cases of goitre, all of them in people of foreign birth and two of them sisters.

#### *Afternoon Session.*

At 3.20 the association reassembled, and DR. W. B. GOLDSMITH, of Providence, R. I., read a paper on "Communicated Insanity," taking the ground that it is not likely or even scarcely possible for insanity to be communicated. The literature of the subject is very limited, and confined principally to French journals. The epidemics of insanity, especially in the middle ages, can be more properly called simultaneous insanity than communicated insanity. It may be communicated under exceptional cases, but it is rare, and more common among women than men.

DR. H. M. HURD, of Pontiac, gave an instance of three families in Genesee county connected with each other, who all became crazy on the subject of witchcraft.

DR. GILMAN gave a case in his experience where a woman, whose husband had become insane, appeared to share his delusion; but as soon as he was taken away she became perfectly sane, showing that her mind was only a reflex of his.

DR. BUTLER, of Hartford, Conn., was inclined to doubt the possibility of communicating insanity, though he could see good reason for one mind to be the reflex of another without any morbid change. He could also see why, under the same conditions, insanity might develop in two or more persons.

The discussion was somewhat extended, and a number of cases of simultaneous or "communicated insanity" were cited.

DR. B. D. EASTMAN, of Kansas, next read a paper on "Mesmerism vs. Fascination," and instanced a case in which a very suc-

cessful mesmerist was accused of committing a crime upon the person of a lady whom he had subjected to his mesmeric influence, and who repeatedly visited him at his room at the hotel, not because she wanted to, but because his influence had forced her to do so. The doctor on the trial testified that the girl was not drawn to the hotel by mesmeric influence, but by personal fascination. The charge of crime was not sustained.

#### *Third Day—June 16th.*

The day was devoted to relaxation, and Fortress Monroe was selected as the place for the next meeting.

#### *Fourth Day—June 17th.*

DR. EDW. COWLES, of Somerville, Mass., read a paper on "Nursing Reform for the Insane." He had established two training schools for nurses, and had made the subject one of exhaustive study. In 1873 the trial was made for the first time in American hospitals of trained nurses, as an experiment, but now they are found in almost every hospital. The two training schools in Boston have graduated 300 nurses, of whom 242 are now actively engaged.

The next matter which came before the association was the discussion of the question, "Are Dipsomania, Kleptomania, Pyromania, etc., valid forms of mental disease? Do uncontrollable impulses to use stimulants, to steal, to burn, etc., develop independently of other evidences of insanity?"

DR. O. EVARTS, of Cincinnati, took the ground that these manias are valid forms of insanity. He had great experience with alleged dipsomaniacs. They are victims of uncontrollable desires. They are insane, but there are no instances of uncontrollable desire for stimulants preceding personal experimentation with intoxicants. The speaker had never seen such a person who did not have other mental weaknesses. There are two classes of inebrates. The one class includes a large class of habitual drunkards, and the other what are known as periodical drunkards. It is among this latter class that many claimed dipsomaniacs are found, but the speaker said he could not see any reason for the claim. He had had little experience with kleptomaniacs, but he did not believe them insane. He thought they were imperfectly developed morally, and that they do not steal, but simply reach for what they see, not because they want it, but from an uncontrollable disposition to acquire property. They sometimes are insane, but there are other evidences of this mental disease than the mere act of appropriating the property

of others. As to pyromaniacs, he had never seen one, but he had seen mad men and women who would burn anything they could, and who would set fire to their own clothes, but they were in no instance pyromaniacs, having an insane desire to burn, and sane on all other subjects.

At the afternoon session, a discussion on "The Best Method of Providing for the Chronic Insane" was opened by Dr. P. M. WISE, of the asylum at Willard, N. Y. He objected to the arbitrary classification of the insane into two classes, owing to the uncertainty of determining when a state of insanity becomes chronic or incurable. He favored the mixed asylum as the best system. He quoted the family system as practiced in Massachusetts, which he did not approve

and the difficulties of which he pointed out, especially the danger of the insane being abused and made drudges of by the families with whom they might be placed.

DR. FOSTER PRATT said that the experience at Kalamazoo was that patients who were well enough to be removed from the asylum were placed in cottages so remote that they could not see the asylum, and that they did the best. Fifty per cent. of the patients at Kalamazoo are chronic, and of these (400 in all) 250 can be relied upon almost every day for some labor. These will work in tailoring, shoemaking, farming and other industries, and will save to the institution \$2,500 a year in cash. He also showed how great savings were made by the colony system.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Martineau's New Remedy for Diabetes.

Martineau's new anti-diabetic remedy, which is now being called for by physicians and druggists, is an artificial lithiated arsenical water. Martineau claims extraordinary results from this water, recording 67 cures out of 70 cases, *i.e.*, 96 per cent. The mode of preparing and of prescribing this remedy is as follows: A syphon bottle holding about a litre, (one quart), is taken; into this is put a powder consisting of 20 centigrammes, or about three grains of carbonate of lithia. A tablespoonful is then added of the following solution:

Take of distilled water 500 grammes (1 pint 5 drachms).

Arseniate of soda 20 centigrammes, (about 3 grains).

M. Dissolve.

The syphon bottle is then charged with carbonic acid water from a soda fountain, and is ready for use. The patient makes this water his principal beverage, taking the whole quantity in about equally divided doses with his meals. The bottle must be freshly charged every morning. Martineau allows the patient to take with the water a little wine. The diet is not modified, except that a certain amount of reserve is enjoined in the use of starchy foods, fruits, and sugar.

Martineau claims to have learned this mode of treatment from Professor Rouget twelve years ago. When the diabetes is treated by lithia alone, or by arsenic alone, the result is not the same. Many of the natural mineral waters, as Vichy, Royat, Bourbole, Pourges, St. Nectaire and even Canterets,

have a favorable action on diabetes; this is due, Martineau thinks, to the fact that they all contain lithia, and some of them, notably Vichy and Bourbole, contain arsenic.

Any physician in country practice, where easy access can be had to a soda water generator can prepare for his diabetic patient Martineau's remedy. He has only to fill an ordinary quart bottle in which he shall have previously put a three-grain carbonate of lithia powder and a tablespoonful of the above-mentioned solution, with gaseous water from the soda fountain, and order the whole quantity to be taken during the day after meals.

As for the curative value of this prescription, there is justification for considerable scepticism. Dujardin-Beaumetz, at the meeting of the Société de Thérapeutique where Martineau's paper was read, expressed grave doubt as to whether the 67 cases, cited by Martineau, were typical cases of diabetes, and was tempted to believe that Martineau had fallen upon a series of cases of *alimentary diabetes*, like those treated by Cantani, at Naples, where abuse of pastry, sweets and starches had given rise to a temporary glycosuria that was not true diabetes.

#### Syphilitis Hæmorrhagica Neonatorum.

Franz Mraček has studied the hæmorrhagic phenomena in 132 syphilitic children born dead, or dying within forty hours after birth. Of the latter there were eighteen. The most noticeable changes were found in the medium-sized and smaller veins, which showed thickened walls and diminished or closed lumen; hence, infiltration of the neighboring tissues and venous

and capillary engorgement. The intermediate branches of the arteries showed a thickening of the *adventitia*, sometimes also of the *media*, with occasional occlusion of the lumen. Similar effects were found in the *vasa vasorum*, and in some instances there was beginning endarteritis of the carotids, crurals and iliacs, and thrombi of venous branches. The hæmorrhages were always previous to birth and caused by the increased blood pressure of delivery and the beginning of the individual circulation. In some cases of protracted and difficult delivery there were more than seven hæmorrhages.

R. Fischel has gone more deeply into the anatomical changes of the vascular walls in the hæmorrhages of hereditary syphilis. He examined the same in ten cases of children suffering from this cause, seven of whom were afflicted with the so-called *syphilis hæmorrhagica*. In every case there was thickening of the *muscularis* and *adventitia* of the arteries. The endothelium layer was preserved, and likewise the folding of the *intima*. These peculiarities of the vessels were in further comparative researches proved to exist in the non-syphilitic new-born, and the conclusion is reached that it is not, therefore, the cause of the hemophilia.—*Centralblatt f. d. med. Wissensch.*, May 21, 1887.

#### The Hypodermic Injection of Carbolic Oxide of Mercury in Syphilis.

Dr. Carl Schadek, of Kiew, adopting Professor Gamberini's recommendation, reports the results of the use of the above drug in the manner indicated, in ten cases. He practices the deep intra-muscular injection instead of the subcutaneous, burying the needle deeply under the aponeurosis of the glutei muscles, thus obviating the abscesses or indurations of its superficial use. This is the formula used for a 20 per cent. emulsion:

R. Hydrargyri carbolici oxydati.....gr. lxxv  
Mucilag. gum arabici.....gr. lx  
Aque destil.....3 v

The author injects a Lewin syringe full of this solution in one gluteus, or half this amount in each, repeating the dose not oftener than every second day. The pain is but little noticed by the patient and the whole operation is quickly over. The absence of abscesses, or other local troubles, the tendency to salivation subsequently noticed, and the appearance of mercury in the urine prove the ready absorption of the drug by the circulation.

The results in all cases were in a high degree satisfactory. Syphilitic symptoms of every kind were reduced in intensity, and in one case even gummatous abscesses were

healed by twelve injections, lighter cases by ten. In acute cases, 16 to 18 injections were required to cause the disappearance of all symptoms upon the skin or mucous membrane.

In 12 other cases of syphilis in women the symptoms of secondary syphilis disappeared with about ten injections.

The conclusion is reached that the preparation of mercury above mentioned has advantages over others because of its speedier absorption, less tendency to set up local troubles, and its more pronounced effect in quickly reducing all syphilitic symptoms.—*Allgem. med. Cent. Zeit.*, May 11, 1887.

#### Physiological and Therapeutic Action of Sparteine.

The results of Gluzinski's researches as to the action of sparteine upon cold and warm-blooded animals are as follows: 1. It exercises an intensive influence upon the circulatory system, and in a greater degree upon cold-blooded animals than upon the mammalia. 2. This effect is produced chiefly in the slowing of the cardiac activity, and to a less extent in raising the arterial blood-pressure. 3. By successive increase of the dose, three stages may be differentiated in the effects produced, whose explanation is found to consist in the relation of the vagus and muscular nerves. 4. Sparteine seems to have almost no effect upon the peripheral motor nerves. 5. Its action upon the spinal cord is shown by a preliminary heightening followed by a lowering of the reflexes. 6. Death is from asphyxia, caused both by its action upon the cord and the muscles of respiration.

Therapeutically the following points became manifest: 1. Sparteine exercises a positive influence in uncompensated cardiac disease. 2. This is soon shown (one hour) after exhibition in the improved quality of the pulse, and especially in the subjective feelings of the patient. 3. The promptness of its action is the most important distinction of the drug, since, as regard intensity, digitalis takes precedence. 4. Irregularity of rhythm was not corrected in the cases observed.

The dose is one and one-half grains of the powder.

The following are the indications for its use: 1. In view of its quick action its use is particularly recommendable when there is several subjective symptoms in consequence of insufficiency of cardiac muscle and when the slow action of digitalis necessitates too much delay. 2. When digitalis is from any cause contraindicated. 3. In angina pectoris, on



account of the promptness of its action, though the author has no experience with it in these cases. *Allgem. Med. Cent. Zeit.*, May 21, 1887.

#### **Aneurism Cured by Position.**

Dr. T. G. Richardson, of New Orleans, at the last meeting of the American Surgical Association, reported the case of a shoemaker, fifty-five years of age, who was admitted into the hospital for a painful swelling of the left thigh. The tumor, an aneurism of the femoral artery, was about the size of a goose-egg, irregularly flattened. None of the characteristic signs of aneurism were wanting. It was supposed to possess thin walls. The man looked anæmic and delicate. He had had syphilis about nine years before. The cause of the disease was supposed to be the irritation caused by hammering leather on an iron placed on his thigh. The tumor appeared to be inflamed by the manipulation. To overcome this, Dr. Richardson suspended the limb flexed at right angles at the hip and knee. He found on the first day an improvement in the condition of the tumor, and a few days later, that coagulation had occurred. A week later he was discharged, cured, and a few months after only a small nodule could be felt at the site of the tumor.

As this is probably the first case of femoral aneurism cured by this method, he desired to call attention to the fact that no pressure was exerted on the tumor, but that the only treatment was flexion, and suspension of the limb, especially the latter. He thought that gravity had a great deal to do with effecting the cure.

#### **Salivary Calculus.**

Polak reports the case of a tumor developing in the jaw of an otherwise sound man, 31 years old, subsequent to the extraction of a carious tooth. It extended from the border of the lower jaw to the thyroid cartilage and has a fistulous opening at the anterior border of the sternocleido-mastoid through which pus escaped. Various applications had no effect. An injection of iodine solution escaped into the mouth through the caruncula sublingualis. Since it appeared to be a tumor of the sublingual gland, a part was excised, and eleven days later a further excision was made, but there was no improvement. In sounding the opening twelve days after this, a rough, hard body was felt in the bottom that seemed to be the necrosed jaw bone. Upon the next day, when a resection of the jaw was attempted, a salivary calculus weighing 23 grains was found. It had been raised during

the night from the bottom of the abscess to the surface. The healing of the parts at once proceeded without interruption.—*Centralbl. f. d. med. Wissensch.*, May 21, 1887.

### **REVIEWS AND BOOK NOTICES.**

#### **NOTES ON CURRENT LITERATURE.**

—In the reprint of a paper read before the Baltimore Gynæcological and Obstetrical Society, May 10, 1887, Dr. Thomas A. Ashby, of Baltimore, discusses the treatment of amenorrhœa with permanganate of potash, and presents the records of these cases in point. He thinks it probable that the drug acts both as a general tonic and as a direct emmenagogue, although not as an ecboic.

—In a very able reprint Dr. T. Griswold Comstock, of St. Louis, Mo., strongly advocates the stimulant treatment of scarlet fever. In his remarks on the necessity for fresh air, etc., the following bit of sound sense occurs: "*There is much more danger from 'catching cold' during convalescence than when the fever is at its height.*"

#### **BOOK NOTICES.**

**Dose and Price Tables of all the Drugs and Preparations of the U. S. Pharmacopœia of 1880, etc.** By C. L. LOCHMAN, Translator of the first and second edition of the German Pharmacopœia, etc. Second Edition, 9 x 4½ in.; pp. xvi, 201. Philadelphia: Dunlap & Clarke, 1887. In paper covers, \$1.25; in flexible muslin, \$1.50.

This book is intended chiefly for the use of druggists, but is also of value to physicians who dispense their own medicines, and forms a convenient book of reference as to the nature and properties of all the drugs and preparations in the U. S. Pharmacopœia of 1880. The dose of each drug is stated. We would suggest that it would add much to the value of the book if with each poisonous preparation the antidote were mentioned.

**Earth as a Topical Application in Surgery, etc.** By ADDINELL HEWSON, M. D. Second Edition, 8vo, pp. xx, 309. Philadelphia: The Medical Register Company, 1887.

This book contains a full presentation of the well-known views of Dr. Hewson in regard to the use of earth as a surgical dressing. These views are generally thought to be somewhat extreme, and in our opinion they scarcely demand the extensive and discursive treatment which they receive in the volume before us.

# THE Medical and Surgical Reporter.

**A WEEKLY JOURNAL,  
ISSUED EVERY SATURDAY.**

N. A. RANDOLPH, M. D.,  
CHARLES W. DULLES, M. D., } EDITORS.

*All contributions to the Original Department will be paid for when published; or 100 reprints will be furnished in place of payment, if a request is sent with the manuscript. Contributors should ALWAYS state which form of remuneration they desire: reprints, extra copies of the REPORTER, or cash.*

*The terms of subscription to the serial publications of this office are as follows, payable in advance:—*

Med. and Surg. Reporter (weekly), a year,	\$5.00
Quarterly Compendium of Med. Science, -	2.50
Reporter and Compendium, - - -	6.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Compendium and Pocket Record, -	7.00

*All letters should be addressed, and all checks and postal orders drawn to order of*

**DRS. RANDOLPH & DULLES,**

N. E. Cor. 13th and Walnut Streets,  
P. O. Box, 843. Philadelphia, Pa.

A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER will be published in each number. The edition for this week is 6,000 copies.

## TREATMENT OF TUMORS OF THE BLADDER.

The attention being devoted to the surgical treatment of tumors of the bladder, as evidenced by the programmes of the Association of Genito-Urinary Surgeons and of the American Surgical Association for this year, warrants a brief statement of the present opinion in regard to this subject.

The diagnosis of a tumor of the bladder having been made by means of the rational signs, and by examination of the urine, and of the bladder, through the rectum and the abdominal wall, an operation is justifiable in all cases except those in which the general condition of the patient is such that no surgical operation ought to be undertaken, or in which it is evident that the new growth is so extensive as to make its removal impracticable. Even in the latter case, so much relief is sometimes afforded by an exploratory operation, that it is justifiable whenever there is any reason to hope that it may do good.

The method of operating is a matter of importance. Sir Henry Thompson still contends for the utility of making the incision through the perineum, while the opinion of other surgeons, principally French and German, is in favor of the suprapubic method. There can be no doubt that the latter meth-

od secures a better route to the bladder; both for the purpose of inspection and for the purpose of removal of whatever may be found. It is also a comparatively easy method, when the operation is performed with deliberation and with due care to keep well down toward the symphysis pubis and to look out for the peritoneum. There is almost no danger of cutting the peritoneum, if care be exercised in making the incisions, and if the wound be kept clean, so that the operator can see what he is doing.

On the other hand, an incision through the perineum affords an excellent channel for drainage after the operation, and sometimes seems to effect relief of distressing symptoms, even when investigation shows that the new growth cannot be removed.

For this reason certain students of this subject have advised that, in all cases in which an operation is called for, an exploratory incision should be made through the perineum and the bladder carefully examined. If now it be found that the new growth can be removed through the perineal incision, this should be done. If removal in this way be impossible, an incision should be made through the hypogastrium and the removal completed, or carried as far as it can be. In such a case the perineal wound serves for drainage, and also tends to diminish the spasmodic contractions to which the new growth may have given rise. The suprapubic wound may be closed with sutures.

This plan of combining perineal with suprapubic cystotomy is rational and deserving of extensive trial; and we recommend it to the consideration of our readers, with the hope that they will give us the result of their experiences.

## THE EFFECTS OF ETHER ON LIVING NERVES.

Messrs. Vaillard and Pitres are studying neuritis caused by injections of ether in the neighborhood of the nervous trunks of the limbs. These injections have often been followed by stubborn paralysis, and even by trophic disturbance. Experiments made upon Guinea pigs show that the anæsthesia and paralysis, which immediately follow the injection, spread rapidly and persist for many weeks or months without either diminution or augmentation. The injection, therefore, determines phenomena identical with those produced by severing the sciatic nerve, of which we can convince ourselves by a microscopic examination. This shows that the nerve is normal *above* the point where the injection has taken effect. At its point (immediate neighborhood) the lesions vary accord-

ing to the amount of the substance injected. Some hours after the injection the myelin mingles with the axis cylinder, which is then hardly distinguishable, as are also the nuclei of the inter annular segments. After the fifteenth day the myelin becomes pulvulent and the nerve sheath is regenerated by special evolution. Below the injection the nerve branches undergo Wallerian degeneration after the sixth day, as in nerve section. To sum up, ether determines necrosis of the fibres which it reaches, and acts upon them as a chemical poison. Perhaps by the side of these grave disadvantages we may acknowledge for these injections a favorable action in infrequent cases, as when the elongation of the nerves seems indicated.

This study shows several things of practical importance—first, that the frequently recommended perineural injections of ether may give rise to more grave results than has been supposed; and, second, that in some of the relatively rare cases in which nerve-stretching is indicated, the same result may be attained by the injection of ether.

#### MORPHINISM.

According to Lewinstein, the abuse of morphine leads to a state of chronic poisoning resembling alcoholism. He relates several cases of morphinism observed in his private and hospital practice, and gives, among others, the history of a man and his wife. The husband, aged thirty years, was a victim to the morphine habit, and for five years had taken 15 grains of acetate of morphia a day; he was suffering from insomnia, nervousness, exaggerated reflex excitability, hyperæsthesia, neuralgic pains, muscular contractures, and dryness of the tongue; perspiration was excessively profuse. There was at the same time incapacity for any kind of work.

The wife had reached, little by little, the daily dose of 12 grains of morphine, and was also a confirmed morphinomaniac. Menstruation had been arrested for four years; she was leaden-hued; had hyperæsthesia, trembling, and utter loss of appetite. In both cases memory and judgment remained intact.

Lewinstein suddenly suppressed the use of morphine in the case of the man, and gradually in the case of the woman. After alternations of amelioration and relapse, the patients got the better of their vice and recovered. Unfortunately, things do not always turn out so well; about three-fourths of the patients relapse into their bad habit.

Petit has shown that morphinism impairs all the functions, and entails a decadence of

the organism. Morphine takers are liable to abscesses of an intractable character; those who introduce the alkaloid by subcutaneous injection are prone to suffer such abscesses at the site of the needle punctures. Appetite and digestion fail, the bowels become obstinately torpid, menstruation ceases early in females, innervation languishes, and a peculiar state of mental decrepitude characterized by enfeeblement of the moral sentiments, the intellect, and the will, results; to this aggregate of mental symptoms has been given the name of *morphino-mania*, while *morphinism* is the generic name which includes all the physical results of chronic poisoning by morphine.

#### WAS IT SLANDER?

News comes from Norristown, Pa., that a physician who applied for election to the Montgomery County Medical Society and was rejected, has instituted suit for slander against one of the members of the Society who charged him with unprofessional conduct. From the telegraphed report of the matter, we presume that the charge was made at a private meeting of the Society. The Board of Censors at the proper time reported adversely on his application for election to membership, and the candidate was rejected.

This suit opens a question of the utmost importance to all medical men, and we hope and believe it will be settled in such a way as to establish the fact that statements made in good faith to a Board of Censors, or to a County Society, as to the fitness of candidates for membership are of the nature of privileged communications, and do not subject the maker of them to any suit at law. Of course, this could not excuse charges of a truly slanderous nature, made wilfully and with malice. But it would be a very unfortunate thing if the members of a Society could not freely disclose, to their fellow members or to the Censors, appointed to investigate the fitness of candidates for membership, what they may know or honestly believe as to the professional standing of a candidate.

We shall look with interest for the issue of this particular case, and report it promptly to our readers.

—The *Medical Review* says that a Chinese doctor has arrived in St. Louis, and offers to break his own arm if another surgeon will do the same, and then prove the superiority of his treatment over that of the other.

## NOTES AND COMMENTS.

## THE MODERN TREATMENT OF COMMON DISEASES.

**Chlorosis.**

Calcaria chlorhydrophosphorica is recommended by Mercadier in chlorosis, as being superior to the simple phosphate of lime. Ewald praises the citrate of iron and quinine in anæmia, chlorosis, etc., but he thinks more highly of chinoidin, and follows Hague's formula :—

- R Chinoidini puri.....3 iiss  
 Acid. tartar.....  
 Ferr. sesquichlor.....āā 3 j  
 Glycerini.....gtt. xx  
 Rad. althææ.....Ḑ iv  
 Rad. gent., q. s. ut ft. pil. No. 200.  
 S.—Three or four pills four times daily.

Mauthner gives the extractum sanguinis, thought by others to be of doubtful efficacy. Gillespie speaks enthusiastically of ferrum bromatum. Of arsenic it is unnecessary to speak, being universally recommended; though it may not nowadays be altogether absurd to recall the Prussian ministerial ordinance that made it illegal to give more than  $\pi$  120 of Fowler's solution at one time! Hannon recommends sulphate of manganese for chlorosis, and in combination with iron the manganum chloratum. Leras thinks natrium pyrophosphoricum ferratum the best and most digestible of the iron preparations. It may be given according to either of the following formulæ :—

- R Sodii pyrophosphorici ferrat....  
 Sem. cacas ab ol. liberat.....  
 Sacchari albi.....āā xxxvij  
 Mucil. aq. gummi arab., q. s.  
 to make pil. No. 50.  
 S.—3 pills half an hour before each meal.  
 R Sodii pyrophosphorici ferrati. gr. xxij  
 Aquæ destill.....3 xij, 3 vij  
 Syr. simpl.....3 iij, Ḑ v  
 M. S.—A wineglassful morning and evening.

Vinum ferratum is also praised, a wineglassful twice daily; likewise succus centaur, and succus trifol. fibr. Oesterlein gives the following as an emmenagogue in chlorosis :—

- R Myrrh.....  
 Aloes.....  
 Ferri pulv.....āā 3 j  
 Extr. valerian., q. s. ut ft. pil. No. 100.  
 S.—5 pills three times daily.

Teissier gives the following for chlorosis :

- R Ferri pulv.....  
 Cort. cinnamon.....āā gr. iss-ijj  
 Sacch. alb.....gr. ix  
 S.—One powder of above before each meal.

Oesterleins' formula is :—

- R Ferri pulv.....3 j  
 Pulv. cort. cinnamon cass.....3 ss  
 Ext. card. bened. q. s.  
 Ft. pil. No. 60.  
 S.—3-4 three times daily.

Blaud's pill as modified by Niemeyer, is as follows :—

- R Ferri sulph.....  
 Potass. carb. pur.....āā 3 iij-3/4  
 Tragacanth q. s. ut ft. pil. No. 100.  
 S.—Three pills three times daily; later, 4-5 pills.

Lebert gives :—

- R Ferri sulph.....  
 Sodii bicarb.....  
 Extr. gent.....āā 3 j  
 M. Ft. pil. No. 60.  
 S.—3-4 pills daily.

Kämpf's "red-cheek pill" is the following :—

- R Ferri sulph.....3 j  
 Extr. myrrh.....  
 Galbani.....āā 3 iij  
 Extr. aurant. cort. q. s.  
 Ft. pil. 120.  
 S.—6 pills or more every three hours.

For chlorosis with constipation, H. E. Richter gives :—

- R Ferr. lact.....3 ss  
 Ext. aloes.....  
 Rad. rhei pulv.....āā 3 ij  
 M. Ft. pil. No. 100.  
 S.—3 pills morning and evening.

A pleasant manner of giving the much praised lactate of iron is :—

- R Ferr. lact.....  
 Elaeosacch \* calami.....  
 Sacch. alb.....āā Ḑ ij  
 M. Divide into ten powders. S.—One powder morning and evening.

Osler gives the preference to the Blaud-Niemeyer pill previously quoted, and Bartholow gets the best results from the combination of iron and arsenic. Hammond, believing in the nervous origin of chlorosis holds that arsenic is the true remedy. Weir Mitchell advocates rest, forced feeding, massage and faradization.

The pilulæ ferri iodidi of the British pharmacopeia are composed of :—

- R Ferri pulv.....3 ss  
 Iodi.....3 j  
 Sacch. pulv.....gr. j  
 Rad. liquor. pulv.....Ḑ vss  
 Aquæ destil.....gr. xxxvij  
 M. Ft. pil. No. 100.  
 S.—1-2 pills several times daily.

\* A favorite vehicle among the Germans. It is an intimate mixture of ethereal oil and sugar, gtt. i to 3 ss. Used when it is desired to add a liquid to the oil; to neutralize an unpleasant taste; as an adjuvant to powders; or as a vehicle of the ethereal oil itself.



**Vaccination.**

In an admirable article on vaccination, in the *Archives of Pediatrics*, June, 1887, Dr. William T. Plant, of Syracuse, N. Y., says: The material for vaccinating is now taken from both the heifer and the child; hence we speak of bovine and human virus. Until recently the latter was in almost exclusive use. From 1800, when the practice was introduced into this country, until 1870 bovine lymph was seldom procurable, because epidemics of cowpox were of infrequent occurrence. But about the latter date its production on a large scale by vaccinating calves and heifers began to be followed as a business. Establishments for the propagation of kinepox are now quite numerous, and within a few years the use of human lymph has greatly lessened.

But there are some drawbacks to this new fashion. Bovine lymph, as now supplied, is less reliable than the other. Failures with it are so frequent, that probably many communities are less secure against smallpox than they believe themselves to be. Possibly one reason may be that the virus supplied is not quite fresh. But a principal cause, I am sure, is in a certain lack of affinity between lymph from the cow and the human system.

Bovine lymph is also less regular in its operation. Though usually mild enough, it occasionally works with unexpected and undesired energy, causing much suffering and leaving unsightly scars.

An asserted advantage of animal virus over human is immunity from the liability of conveying other diseases than vaccinia. This is a moving consideration with the laity, who believe that all sorts of eruptions and blood-disorders are chargeable to human lymph.

It is true that vaccination is sometimes followed by an erythematous, an erysipelatous, or an eczematous eruption. But, these, when not accidental, are caused by the local and constitutional irritation following the operation, and are oftenest seen after the use of bovine lymph, because it is more irritant than the other. I cannot find reliable warrant for the opinion that chronic enlargement of glands, or scrofula, or consumption, or any of the ordinary skin-eruptions have ever been transmitted from child to child through vaccination. But there is no doubt that syphilis may be conveyed with vaccinia. It has been thought that in such instances there was an admixture of blood with the lymph, and that care to exclude this would obviate danger. Such was until lately my

own view. But one of the experiments of Dr. Cory, chief vaccinator attached to the National Vaccine Establishment in England, makes me waver. This gentleman repeatedly vaccinated himself from children who were actively syphilitic, using, with greatest care, only the clear lymph. On July 6, 1881, he vaccinated himself in three places with clear lymph from a three months' old child who had an eruption and sores that were evidently syphilitic. In three weeks syphilitic papules appeared at the seat of two of the punctures. These were followed by sore throat, roseola and other indubitable evidences of constitutional syphilis.<sup>1</sup> From this it would seem that clear limpid lymph *may* be a medium of carrying that disease from one person to another. But, conceding this, it is to be remarked that this child was selected for this experiment because it had syphilis in an aggravated form, and that no medical man would ever think of taking lymph from such a source. There is no reason in all this for the rejection of all human lymph, but rather for careful scrutiny of the antecedents and present state of every child before allowing others to be vaccinated from it.

**DEGENERATION OF LYMPH.**

It has been claimed that lymph gradually parts with its protective virtue by passing successively through the human system, and that if we would give the completest possible insurance against smallpox we must use the bovine product altogether, or return to the cow at short intervals. We pause another moment to examine this claim. In 1816, Jenner wrote that the vesicles he was then producing were in every respect as perfect as in the first year of vaccination, though, to the best of his knowledge, the matter from which they were derived was taken from the cow about sixteen years before. In accord with that have been the observations of many eminent physicians since. Professor Hebra asserts that in the principal vaccine establishment at Vienna lymph has been carried down without interruption from the first vaccination at the beginning of the century, and that it now "takes" as well and is as protective as at first.<sup>2</sup> Dr. Charles V. Chapin, writing from the office of the Superintendent of Health, Providence, Rhode Island, December, 1885, says they were at that time using stock that had been maintained by continuous transmission from child to child since 1856 without being once renewed from the cow; that nearly forty-seven thousand persons had

<sup>1</sup> Boston Med. and Surg. Journal, vol. iii, page 188.

<sup>2</sup> Manual of Skin-Diseases.

been vaccinated from it; and that it had shown itself not inferior to the bovine product in protective power, besides being more certain to take and less liable to produce troublesome sores. My belief is that lymph may degenerate, not by the mere fact of transmission through the human body, however many times the transmission may be made, but through lack of care to choose stock from healthy and vigorous subjects. Let a farmer gather seed-corn from stunted ears growing on poor soil, and he will soon be raising degenerated crops. This expresses a general fact of vegetable and animal propagation to which vaccination is no exception.

#### FORMS OF LYMPH.

The lymph used in vaccinating, whether human or bovine, is either fluid or dry. As a fluid it is conveyed by the lancet directly from the vesicle to another person, as in "arm to arm" vaccination. When numbers are to be operated on at once, as in schools and factories, this is the surest and best way. Fluid lymph may also be taken up from the vesicles in capillary glass tubes, which, after closure of the ends, are put aside for future need.

The use of dried lymph is, in this country at least, much more common. At the proper time the vesicle is punctured and the exuding lymph collected on ivory or quill-points, and permitted to dry, or the vesicle may be left to mature. Its lymph then dries down into a dark brown crust, that falls from the arm about three weeks after vaccination. The bovine crust is notoriously unreliable, and is not very much used.

#### Victor Horsley on Temperance.

Professor Victor Horsley, F. R. S., F. R. C. S., speaking on the subject of temperance at the annual meeting of the Church of England Temperance Society, said that although he was unable to pose as an Nestor, and review the history of the temperance question from the medical point of view, yet he asked to be allowed for a moment to assume that part, and give a kind of *apologia* for the past position of the medical profession. Medical science, unfortunately, from the very nature of her general knowledge, was necessarily still in the chains of empiricism. It was thus bound, in common humanity, to receive the statements of any one, based upon fair evidence, and to try and test the results which such an one might claim to have obtained from his own experience. It was in this way that the medical profession became

enamored of alcohol as a drug, more especially in the treatment of acute disease and fevers. The example and experience of the late Dr. Todd appeared to have great weight. Unfortunately, to his writings was due the universal employment of alcohol by the medical profession. Things had greatly changed. Physiological science had advanced immensely. They were now gradually freeing themselves from the slavery to which they were before subject, and that they knew that the position of alcohol, from the medical point of view, had to be considered in the two opposite conditions of a food and of a drug. Researches of men like Parkes, who headed the movement, had given the medical profession the true scientific value of alcohol, and the value they knew to be very nearly zero. He should substantiate from clinical experiences what he was about to say. With regard to alcohol as food, he reminded his hearers of a certain symposium that was written in the *Contemporary Review* in 1879; in the most brilliant of papers contributed by the medical profession, that by Sir James Paget, their most revered teacher in surgery reference was made to the popular belief that, as the drinking of alcohol existed as a general custom, it was a good thing. Dr. Parkes, twenty-five years ago, pointed out that, because one thing was a custom, it was no evidence of the truth. Cannibalism was a custom in some parts of the world, and was it therefore good? There was one scientific point ascertained beyond all doubt with regard to alcohol in its first influence upon the human system and animal body, and that was that, in proportion to the dose, it checked the tissue-changes of the body. Alcohol did, in greater or lesser degree, check the activity of these processes. This could be produced with even a small dose; carried to a greater extreme, its effect was not that of a regulator, but it proved an extra blocker of the machinery. "It seems," said the speaker, "a kind of chronic suicide that they were always to put the brake on—to put the brake on the development of their natural energies. What they wished to do without infringing the laws of nature was to get the greatest amount of energy out of their bodies. Why hinder it?" Professor Horsley alluded to the series of experiments on the influence of alcohol upon plant life carried out by Dr. Ridge, of Enfield, who found that one-sixteenth per cent. of a solution of alcohol checked the growth of water-cress, and that a tenth solution of alcohol killed its seeds. The position of the medical profession with regard to alcohol as a food was becoming

more and more defined. Professor Horsley next drew attention to the researches of Dr. Hare as to the use of alcohol as a medicine, and to the fact noticed by him—the large decrease in the use of alcohol at the London hospitals, and the largely increased use of milk and other forms of nutrition. They had a large amount of evidence to show that the medical profession estimated at its full value alcohol as a drug. Referring to the London Temperance Hospital, where, since, 1873, the experiment as to whether alcohol was useful had been tried to the uttermost, the evidence was perfectly wonderful to those who, like himself, used alcohol occasionally as a drug. It is true that they required even yet more statistics and more figures in the profession, and must wait before receiving the statistics as those upon which they would absolutely rely in the treatment of patients; but the result so far gained was so wonderful and so overwhelmingly contradictory to many preconceived notions, that he had no doubt as to what the verdict would be in the half jubilee of the Temperance Hospital. In this hospital, which had admitted 4,153 persons as in-patients, and 23,000 as out-patients, alcohol had only been administered as a drug in four cases. Dr. Edmunds, the senior physician, writing in 1884, stated that among fifty-three typhoid fever cases there had been five deaths, and at the examination it was found that no administration of alcohol could have possibly saved them. The cases of recovery had done remarkably well, and on the whole there was a mortality of rather less than 1 in 10. This mortality was smaller than the mortality in any other hospital in London at that period, and there had not been given to one of these a particle of alcohol either as diet or medicine, and yet a large number ought to have died according to the old view of the treatment of the disease. Figures spoke for themselves, but it seemed to him the use of alcohol as a food and its excessive abuse were dependent upon what must be regarded as possible from the view of causes which led to its abuse. The abuse of alcohol was produced from three groups of causes: from mental and moral failure of strength; secondly, from the general prevalence of unsanitary conditions; and, lastly, from the unjust and wicked facilities for getting the poison.—*British Medical Journal*.

News comes from Chicago by way of the daily papers, of a recent operation in which both the sciatic nerve and the crural nerve were stretched at the same time, in the case of a man who was suffering from tetanus.

## CORRESPONDENCE.

## Homœopathy.

ED. MED. AND SURG. REPORTER:

In your issue of June 4, you ask to have your readers reply to the statement, "Homœopathy has increased and is increasing in the United States," by answering three interrogatories.

It would require too long an article to answer intelligently, therefore, a more or less general statement will have to suffice. That I ought to be able to reply, permit me to state, that I began practice at the dawn of a genuine homeœopathic practice in this country, and before the rural districts had one of its fellows. All who lived in that day well recollect that *six weeks* only were required to fit a person to set out as an antagonist of death in that kind of practice. No anatomical nor physiological knowledge was deemed necessary to "treat symptoms." With Hahnemann's *Organon* under the arm, the man was fully equipped. Turning to the symptoms of which the patient complained, he there found the remedy. The cause, or organ involved, mattered not. Judges, boys from the farms, and clerks from the stores were among those to be seen with the inevitable *Organon*. But I must not dilate, but come to question 1:

I believe the number of persons practicing *under the name*, (italics mine) of "homœopathy" is increasing. To question 2: I reply, the number of persons under the treatment of *what are called* homeœopathic practitioners is increasing, for the very good reason that the *hybrid practioners of homœopathy* are increasing. In answer to question 3: "How the state of affairs is to be explained," let me say that the explanation is very simple, viz.: that purely homeœopathic practitioners (and I know of only one) have been rapidly disappearing for fifteen years.

When homeœopathy began to wane from its position of inefficiency, the young men began to attend what are scurrilously called Allopathic colleges, as at that time there were none that taught the homeœopathic dogma. They obtained, in many instances by falsifying about their future intentions, a medical education, and then at once set out with their infinitesimal doses. When the little pellets would not do, the regular practice (so far as they knew it) was pursued.

At once the people began to say, "We don't believe much in homœopathy, and my doctor practices both ways." Even intelligent people believe you can serve two mas-

ters, so far as the treatment of disease is concerned, if you cannot in spiritual matters. As proof of this, not long since I was asked to see a gentleman who was under the care of one who boasted of his success in the practice of homœopathy. Knowing full well a consultation was impossible, yet thinking that I might visit the case, the doctor left a line with the patient, stating that he had "given digitalis, aconite, with occasional doses of quinine," in an *unsealed envelope*; yet that patient's faith in *homœopathy* was unshaken. "Oh! Shame where is thy blush."

Yet I find I am doing just what I intended not to do. Evidently there is no "soul of wit" in this communication, if it consists in brevity.

D. COLVIN.

Clyde, N. Y., June 25, 1887.

#### Base Ball for Physicians.

EDS. MED. AND SURG. REPORTER :

Sirs :—While in conversation with some medical friends a few days ago, some expressed themselves as not yet having lost their interest in our National game of base ball, and wished there was a way in which physicians could take active part in the exercise of the game without detracting from professional dignity. I would propose to all who would avail themselves of the rejuvenating influences of the game to send their names with preferred fielding positions to my address. If a sufficient number are heard from, we could in this city emulate the example of the physicians of Brooklyn who were represented by the "Galen" base ball club of that city. The Galens played any club composed of other physicians, lawyers, ministers or business men, and with invariable success.

Very sincerely yours,

A. H. P. LEUF.

240 S. Eighth Street, Philadelphia, Pa.,  
July 1, 1887.

#### Treatment of Tedious Labor.

EDS. MED. AND SURG. REPORTER :

It has always been my custom to study the character, condition, and, so to speak, the individuality of each case of labor to which I am called to attend. Physicians are in the habit of making an examination by the vagina in order to ascertain the progress of labor, without paying any attention to the individual state of either the physical or nervous condition of the patient, and wait the labor's own time for a termination.

This I never do; but examine carefully the patient's physical condition. If I find

her feverish, and with a dry skin, and quick pulse, and rigid mouth of the womb, I usually prescribe a solution of tartar emetic, in one-eighth of a grain doses every hour, until the feverish state is relieved; and when I have relieved these symptoms I generally have the gratification of seeing the case progress to a speedy and healthy termination. If I find no feverish condition, but observe the patient to be nervous, anxious and troubled, with frequent and annoying pains, attended by a tedious progress of the case, I give the patient every three or four hours a pill, composed of one-fourth of a grain of sulphate of morphia and three grains of sulphate of quinine. After patients, in this nervous, anxious condition, have taken two or three of these pills, they become calmer and stronger; and no physician, but he who will try this plan, can know how rapidly and encouragingly labor will assist and relieve itself of its painful and perilous offices under this treatment. In this way I frequently shorten the duration of tedious labor five or six hours, and thereby often obviate the use of forceps.

J. B. JOHNSON, M. D.

Washington City, D. C., June 14, 1887.

#### Scarlet Fever.

EDS. MED. AND SURG. REPORTER :

I take this opportunity to ask you, or any of your numerous readers among the profession, regarding their experience in the treatment of scarlet fever, as to the indications for giving stimulants, particularly whiskey, which I have found preferable over all others. In the experience of the writer, the mild form of scarlet fever needs very little medicinal treatment, but in the form of malignant scarlet fever stimulents are necessary from the first onset of the attack. I take the liberty to send you enclosed reprint, in which I have advocated the cautious application of refrigeration, (the wet sheet), and, also whiskey, as giving better therapeutical results than any other plan of treatment. My experience has been most favorable in the use of these remedies in the most serious cases of this most formidable disease, and I particularly request the opinions of those of who are experienced in this most important matter. In nearly every recent medical journal, we have accounts of antipyretics mentioned, such as Antipyrin, and later, Antifebrin, but we hear very little said of that antipyretic described by an English physician, more than 160 years ago, I refer to Dr. Hancock, rec-tor of St. Margaret's Lothbury, England,



who published a pamphlet entitled, "*Febri-fugum magnum*, or common water the best cure for all fevers." As regards the "antipyretic" effect of cold water especially in scarlet fever, I think we can elicit an almost unanimous opinion as to its efficacy in the disease in question, but regarding alcohol as therapeutically possessing the properties, whereby it may be given to produce the fall of temperature in fevers, there may be a diversity of opinion among our colleagues.

As one of the old subscribers of your most excellent REPORTER, I desire to hear the voice of the profession regarding the matter.

T. GRISWOLD COMSTOCK, M. D.  
June 7th, 1887.

#### The Grocers' Prize.

In response to several inquiries we give below a reproduction of the official announcement of the famous prize. It would be a source of rejoicing to the thousands who read the REPORTER if one of their number should be successful in solving the problem, and still more gratifying to the Editors of the REPORTER if this notice should be the cause of such a success,—and there is no reason why it should not:

THE WORSHIPFUL COMPANY OF GROCERS,  
LONDON.

ORIGINAL RESEARCH IN SANITARY SCIENCE.

QUADRENNIAL DISCOVERY PRIZE OF £1,000. 1887-1890.

In accordance with the terms of the Company's scheme, the Court announce that the problem proposed as the matter of competition for the first Discovery Prize (1883-1886) viz:—

*"To discover a method by which the Vaccine Contagium may be cultivated apart from the animal body, in some medium or media not otherwise symtotic:—the method to be such that the Contagium may by means of it be multiplied to an indefinite extent in successive generations, and that the product after any number of such generations shall (so far as can within the time be tested) prove itself of identical potency with standard Vaccine Lymph,"*

has not been solved by any of the Candidates. The prize has, therefore, been withheld, and the same problem is, subject to the conditions of the Scheme, again proposed for investigation.

The Prize is open to universal competition, British and Foreign.

Competitors for the Prize must submit their respective Treatises on or before the 31st of December, 1890, and the award will be made as soon afterwards as the circumstances of the Competition shall permit, not later than the month of May, 1891.

In relation to the Discovery Prize, as in relation to other parts of the Company's Scheme in aid of Sanitary Science, the Court acts with the advice of scientific assessors.

All communications on the subject are to be addressed to the Clerk of the Grocers' Company, Grocers' Hall, London, E. C.

GROCERS' HALL, June, 1887.

#### Predicting the Sex of the Unborn.

EDS. MED. AND SURG. REPORTER:

SIRS: In your last issue a point is raised in relation to predicting sex of unborn child, and I hope there is a mistake in reporting the matter to you, or that you have erred in printing the article, otherwise my observations on the subject will flatly contradict those of the author. I never heard the subject mentioned by medical men, but had noticed for the last few years that, with one exception, every male child that I have delivered, or assisted at its delivery, has been most prominent upon *right* side of mother, while every female has been upon *left*. Now I can conceive of no scientific explanation of this circumstance, and do not know as any can be given; but, with the exception of the one failure mentioned above, I have predicted correctly every time. If no mistake has been made in Dr. S.'s report of cases, it will tend toward the conclusion that there can be no physiological explanation of the subject.

It is not as important in either case as it would be if it gave information regarding time of impregnation in its relationship to the catamenia. I have commenced to keep a record of all cases, where any reliable information can be procured, of the time of conception.

It would seem to me of vast importance to the parent could there be anything definite determined about this matter.

DR. H. L. MANCHESTER.

Pawlet, Vt., July 1st, 1887.

#### Longevity in the United States.

The St. Louis *Globe-Democrat* devotes several columns to facts about aged persons. These facts attest the wonderful vitality to which some Americans attain. A Gasconade county, Mo., woman, for example, ninety-eight years old, can walk two miles at a time. Another Missourian, at the age of ninety-one shoots game and wears no glasses. A physician of Chillicothe, in the same State, is eighty-nine and reads the finest print without artificial help. The City Treasurer of East St. Louis is ninety and has never known a sick day. Pierre, Wis., has an authenticated instance of a man reaching the age of one hundred and two. And so runs on the story of extreme age and yet of much activity and hopefulness developed in various parts of the country.

## NEWS AND MISCELLANY.

**Report of the Seybert Commission on Spiritualism.**

The Seybert Commission, appointed by the University of Pennsylvania to investigate "all systems of morals, religion or philosophy which assume to represent the truth, particularly modern Spiritualism," recently made a preliminary report, which is about to be published for the University. A copy of the general report, with extracts from the detailed minutes of the secretary of the Commission and reports of *séances*, was made public on June 5.

Mr. Henry Seybert died in 1884, leaving a sum of money to found a chair of Philosophy in the University of Pennsylvania, upon condition that a commission be appointed to investigate Spiritualism. The Commission was originally constituted by the selection of Dr. William Pepper, Dr. Joseph Leidy, Dr. George A. Koenig, Professor Robert Ellis Thompson, Professor George S. Fullerton and Horace Howard Furness, LL.D. To these were afterwards added Mr. Coleman Sellers, Dr. James W. White, Dr. Calvin B. Knerr and Dr. S. Weir Mitchell.

Mr. Thomas R. Hazard, a personal friend of Mr. Seybert, and a Spiritualist, aided the Commission in obtaining *séances* for the investigation of what is known as independent slate-writing. *Séances* were held with a score of the most prominent "mediums" including Mr. Henry Slade, on conditions imposed by the mediums, and experiments were also made with slates prepared and sealed by the Commission. With the latter there was no success, except that in one case the piece of pencil was removed from between the slates and microscopic examination showed that it had been abstracted after prying the slates apart slightly, without disturbance of the seals. There was no writing on the slate, but there were powdered remains of the soap stone left on the wooden frame at the place where it had been extracted. The Commission detected one of the mediums unscrewing the slates beneath the table and writing on them, and another in substituting prepared slates for those supposed to be presented for the spirits to write upon.

In one case detection was secured by the aid of a hand mirror, which, being held under the table, reflected the hand of the "medium" at work on the slate. In another case a member of the Commission, by upsetting some slates within reach of the medium, disclosed that they had been prepared to be substituted for those in use.

The Commission says: "In dismissing this subject of independent slate writing we repeat, what we think Spiritualists will generally grant, that this phenomenon can be performed by legerdemain. The burden of proof that it is not so performed rests with the mediums. This proof the mediums will neither offer themselves, nor permit others to obtain. Investigators, therefore, are forced to bring to bear their own powers of close observation, sharpened and educated by experience. Be it remembered that what we have here stated applies solely to the process whereby the communication is written on the slate. With the substance of the communication, whether pertinent answers to questions or dreary platitudes, we are not now dealing. Whether these answers be ascribed to spirits or to what is termed clairvoyance, they would be none the less true or false if delivered orally by the medium; all that we are sure of is that the writing down of these communications, be their substance what it may, is performed in a manner so closely resembling fraud as to be indistinguishable from it. It would be a mere matter of opinion that all independent slate writing is fraudulent; what is not a matter of opinion is the conviction, which we have unanimously reached as a commission, of its non-spiritual character in every instance that has come before us."

The Commission adds that a professional juggler performed before them without detection much more wonderful feats of slate writing than any done by the mediums, and afterwards explained the details of the trick to one member of the Commission. The report gives some account of experiments with mediums who produced rappings, spirit hands, etc., explaining how the tricks are, or may be done, and ends as follows:

"In conclusion we beg to express our regret that thus far we have not been cheered in our investigations by the discovery of a single novel fact. But undeterred by this discouragement, we trust, with your permission, to continue them with what thoroughness our future opportunities may allow, and with minds as sincerely and honestly open, as heretofore, to conviction."

—Schwalbe believes malarial fever to be due to a poison and not to an organism. He claims that, by making animals absorb repeated doses of sulphide of carbon, or oxy-sulphide of carbon dissolved in poppy oil, he can induce the alterations in the blood and organs which are present in patients dead of malarial fever.

**Milk of Swill-fed Cows.**

In *Science*, June 10th, 1887, there is an interesting series of letters in regard to the wholesomeness or unwholesomeness of milk obtained from cows which have been fed on what is known as "distillery swill."

Some sanitarians believe that milk from animals so fed is not only of poor quality, but actually detrimental to health, and even poisonous to young children. Others regard such milk as inferior in quality, but not harmful. The matter is a vital one to the thousands of children in our large cities who depend upon milk as their sole sustenance, and *Science* has deemed it of sufficient public interest to endeavor to obtain facts which bear on the question, and opinions of those whose experience and observation enable them to express intelligent opinions on the subject. With this end in view, the following questions were sent out to the health-officers of all the principal cities, and to the most prominent sanitarians of the United States and Canada:

1. What opportunities have you had for observing the effect of feeding distillery swill to milch-cows?
2. Please state any facts within your knowledge which will help to determine its effect on the milk.
3. What references can you give to any recorded facts in published or unpublished reports bearing on this subject?
4. What analysis can you give of milk obtained from cows so fed?
5. What is your opinion as to the wholesomeness of distillery swill as food for cows?
6. Are there any laws or ordinances in your city and state which bear on the question? If so, please send copies thereof, or, if this is not convenient, a reference to them.

To this letter many answers have been received. Some of these are from those who state that they have never had any experience with the use of distillery swill or its effects on the milk, while others give the results of the feeding of brewery grains, evidently confounding them with distillery waste,—a subject of great interest, but which is not within the scope of the present inquiry. Still other responses are from those who have had opportunities of investigating the subject and have availed themselves of them, and whose testimony is therefore of great value. In addition to this, letters have been received from physicians and others, who, while having had no practical experience with the article of food in question, are still competent to speak on the subject from their general knowledge.

One of the most moderate, and probably

most valuable, letters so far published is from Prof. William H. Brewer, of Yale College.

Prof. Brewer says: I have a decided *opinion* that swill-milk is unwholesome; but this opinion is founded on general facts rather than on specific proof.

The following are among the facts inducing this belief:

1. That the health of cows affects the wholesomeness of their milk is proven beyond any doubt; and the health of cows fed largely or wholly on distillery swill is poor, as is abundantly shown by their general condition and by their high mortality.
2. It is well enough known that the food of cows affects their milk, and that their chief food largely determines its character. No one claims that distillery swill is the normal food of cows, or is wholesome food when fed in relatively large quantities.
3. Swill-milk undergoing spontaneous decomposition behaves differently from normal milk; it is usually acid when drawn, while normal milk is alkaline; it behaves differently in the processes for the manufacture of butter and cheese (and therefore probably also under the digestive processes),—so differently that creameries and cheese-factories refuse it. This is universal so far as I know anything about them.
4. Milk readily absorbs infections, and numerous epidemics of disease have been traced to this source. It also absorbs odors, and swill-milk stables are proverbially foul and stinking. These facts make me believe that swill-milk is unwholesome. I have never found any facts pointing in the opposite direction. Some are negative; others point in this direction.

**The Purification of Water.**

It has long been known that water may be clarified by the formation in it of a precipitate which, as it falls, will carry down mechanically the lighter, and of course the more dangerous portion of the suspended matters, which otherwise are very slow in separating. In Clark's well-known process for softening water a sufficient quantity of lime to combine with the free carbonic acid is mixed with the water. The precipitate of carbonate of lime—if we may still use the familiar old name for the calcium carbonate of modern chemists—carries down with it all suspended matters, including bacteria, and the water remains not only softer but very much purer. Carbonate of soda is an even more powerful precipitant, as it removes permanent as well as temporary hardness. In either case the deposition, is however, some-

what slow, and to avoid the use of depositing tanks a filter press was used in the Porter-Clark process, which was shown in action at the Health Exhibition. An American contemporary, the *Boston Medical and Surgical Journal*, reports that Prof. Dobroslavine, of St. Petersburg, advises as a good precipitating agent a solution of perchloride of iron followed by a solution of carbonate of soda. Simple and devoid of inherent novelty as the suggestion is, it is very sensible. Translated into English weights and measures, the quantities used are about three grains of perchloride of iron four grains of soda crystals per gallon of water. The precipitate is said to settle in about forty-five minutes and to leave the water perfectly clear. The quantity of carbonate of soda is not sufficient for the complete decomposition of the iron salt, but would convert it into a heavy, insoluble, basic chloride, but which would doubtless settle easily. So simple an experiment is well worth trying. It is noteworthy that by slightly increasing the quantity of carbonate of soda the water could be softened. We have often wondered that the softening of water for domestic uses is not more frequently practised in private houses. The addition of a very small quantity of carbonate of soda to the water in a cistern will remove even excessive hardness in a few hours at an almost inappreciable cost. If the cisterns are used in pairs the white deposit from one may from time to time be removed by flushing with water while the other is in use. The troublesome furring of boilers and hot-water apparatus might in this way be avoided.

—*The Lancet.*

#### A Tribute to Physicians.

The physician of the period received this tribute from Gov. Ames (Mass.) recently, in an address before the Medical Society of Massachusetts: "It must be said that, as much as some of us, individually, dislike the doses which you prescribe, we cannot do without you. You are all powerful with us when we are most in need of the sympathy of our fellow men, and you use that power with such skill and discretion that the physician is often the best, and he is almost always the wisest friend of the family. Time was when the dominion of the sick room was divided between the doctor, the clergy and the lawyer; but now no one disputes with you for preëminence in that place, unless it be the nurse, that modern adjunct to your profession for which we cannot be too grateful to you. In whatever way one turns, one sees something which ought to evoke his

gratitude to you. In public improvements which tend to raise the standard of the general health none are more active; in securing better lighting, improved ventilation and thorough drainage for our homes and places of business none take a greater interest. Indeed, you have become, and to our advantage, preventers of, rather than curers of, disease, and that life is lengthened, with all its opportunities, all its blessings, is largely due to your efforts."

#### Insanity Fighting Insanity.

An interesting instance of fighting insanity by insanity, the *Scientific American* says, has recently been noticed among the Blackwell's Island patients. Two lunatics had been received who were disposed to commit suicide. In addition each possessed a special delusion, one to the effect that he was a cow, the other that his head was an iron ball, and was to be rolled along the floor. They carried these beliefs into action, one striking his head against the padded walls of his cell, the other rolling his head, and of course his body with it, along the floor. The two patients were placed together, and each was privately informed of the other's weakness, and warned to watch his companion to prevent him from taking his own life. Thus each had a charge in the other. Their vigilance was unceasing. Each supposed himself perfectly sane, and this belief was accompanied by considerable scorn for the other's weakness of intellect and accompanying delusions. Gradually under the influence of this treatment the patients were observed to improve. To have their attention centered on definite duty and on objects external to themselves proved a tonic for their diseased minds, and gradually a complete cure was effected, and they received their discharge from the asylum.

#### French Wines and Liquors.

United States Consul Gifford, at Bordeaux, warns the American public to beware of French liquors, more especially brandy, because *no pure French brandy* is sent hither. After commenting upon the methods employed in making brandy for export, he goes on to say that the labels on the bottles do not represent the quality of the liquor they contain. The dates 1863, 1870, 1875, etc., do not, he says, mean that the enclosed liquor is brandy put up in those years. It means that the liquor has been made to resemble as closely as possible that which was really made in those years. In other words, the brandy sent hither from France is spurious, a concoction put up in the laboratory, in



which the taste of good brandy is counterfeited by various chemicals.

It is worthy of comment that, while the laws against selling spurious wines and liquors in France are rigid in the extreme, little or no attempt is made to prevent the chemical preparation and adulteration of these liquids for exportation.—*Scientific American*.

#### Steatite as a Dentifrice.

Several years since, Mr. Paul Vigier, of Paris, discovered that the addition of powdered soap-stone to water in steam boilers prevented the deposit of lime-salts. Applying this observation, he has devised a tooth-powder in which the powdered talc is expected to prevent the deposit of tartar. The formula is:

Powdered talc.....	3 xv
Dried alum (or cream of tartar).....	3 i 1/4
Powdered cochineal.....	3 iiss
Essence of peppermint.....	gtt. xx

The *Gaz. Hebdomadaire*, *Lancet* and other journals publish this formula without comment, but it seems important to add that there is hardly a substance so harmless to the teeth, next to mineral acids, as alum; and the fact that powdered soapstone is in very general use by mechanics as an ingredient of substances intended to prevent friction in machinery, does not promise much for its use as a polisher of tooth enamel. Besides these objections, what is to be said for the use of  $2\frac{1}{4}$  drachms of cochineal?—*American Druggist*.

#### Powder Marks from Pistol Wounds.

Expert testimony was recently given as to whether a pistol discharged close to the body of a person would or would not leave powder marks. Positive opinions were expressed on both sides, and yet the question depends almost wholly on the kind of pistol and the kind of powder used and the amount of the charge. There is no rule on the subject, but in some weapons a thorough combustion of powder of a definite quantity and quality is secured, and in others the combustion is very imperfect, and on these conditions depends the effect of the discharge upon near surfaces. The experts, who ignored these conditions and testified about weapons and powder that had nothing to do with the case, simply told partial truths in the usual "expert" fashion. They testified with great confidence about matters which it is clear enough one or more of them knew very little about.

#### Vivisection.

A Parliamentary paper was published recently containing a report from inspectors showing the number of experiments performed on living animals during the year 1886 (under licenses granted by the act), distinguishing painless from painful experiment. The total number of persons holding licenses is 64 (48 in England, and 16 in Scotland), and of these 54 have performed such operations in 21 separate buildings, of which eight are in London, eight in the provinces, and five in Scotland. In all there were 81 experiments, in 19 of which anæsthetics were necessary.

#### The True Scientific Spirit.

Let those who think they know, without ever having looked to see, review their supposed knowledge and cast their thoughts over again; and if, in the particulars, they find they have mistaken words and fancies for realities, and accepted the dicta of pretenders instead of the evidence of observed facts, let them correct the record, and acknowledge the truth as it is in nature. Moreover, let them remember that he who propagates a delusion, and he who connives at one when already existing, both alike tamper with the truth, and that we must neither lead nor leave men to mistake falsehood for truth. Not to undeceive is to deceive.—DR. T. WHARTON JONES.

#### The Two Destroyers.

Once on a time a pious Moslem, saying  
His morning worship in their style of praying,  
Just as the early sun had lit the skies,  
Beheld a phantom through the mist arise—  
A phantom hideous as the dream of death.  
"What art thou?" said the saint, with timid breath.  
"I am the Plague."

"And wither tends thy race?"  
"To slay ten thousand men in yonder place."  
"Go not, I pray thee, if such prayer may be."  
"In vain I am besought. 'Tis destiny!"  
"Go, then, if Allah urge thy path of gloom,  
Let the ten thousand know their sudden doom;  
But in the prophets name I do implore,  
When thou hast slain ten thousand, slay no more!"  
"To hear is to obey!"

The vision passed,  
And o'er a multitude its shadow cast.  
After the plague was over, at the place  
And hour in which it first unveiled its face,  
Again the horrid phantom marched—and now  
Outspoke the holy man, "Whence comest thou?"  
"From yonder place."

"How many hast thou slain?"  
"Victims of mine, ten thousand strew the plain!"  
"Thou liest! There are twenty thousand dead!"  
"Tis true," with feverish lips the phantom said.  
"Full twenty thousand have death's power confest.  
I smote ten thousand, fear struck down the rest."

—William D. Morange.

**Diagnosis of Simulated Joint Trouble.**

"I remember a funny experience I had during the war," said a leading physician; "I was up at Camp Dennison examining the conscripts, and many heart-rending pleas for exemption I had refused. One day a farmer, a German, a peaceable-minded fellow, who thought lots more of his turnips and cabbage than he did of military glory, was brought in to me. 'Doctor,' he said, 'I am not fit to go to the war, I am all crippled up with the rheumatism.' 'Where?' said I. 'In my right arm; I can only raise it yooost so high,' raising his hand about two inches from his body with great apparent effort. 'Well, you have got it pretty bad,' said I; 'you certainly can't go to war in that condition; how high could you raise your arm before you got rheumatism?' 'Oh, so high,' said he, raising his arm high above his head. That was just what I expected, and giving him a push I sent him along out to be sent to the war."

**Why Beer is Bitter.**

The bitter principle of hop has been investigated by Dr. Dreser (Arch. Path. and Pharm.), who confirms its character, previously established by Bungener, to be a crystalline acid insoluble in water, but rendered somewhat soluble by oxydation. The alcoholic solution of the unaltered acid is a powerful poison, 0.25 mg. being fatal to frogs, while 25 mgs. produced death when administered to a large guinea pig. It produces paralysis of the nervous system and the heart, but in mammals an intense acceleration of the respiration. In its changed form, a condition in which it is undoubtedly found in beer, however, it possesses no toxic effect, and may, therefore, as an ingredient in this dietetic agent, be regarded as harmless.

**The Iodine Reaction for Starch.**

Mylius has proved that pure iodine and pure starch do not produce a blue combination, but a colorless one; the blue color, however, at once comes into appearance if a trace of hydriodic acid be added. Usually the iodine of commerce contains traces of HI, hence the blue reaction is always obtained. If, however, the iodine is washed well with water, whereby the HI is removed, the blue color is not observed. Mylius analyzed the blue starch combination in a pure state and found it to correspond to the formula  $(C_{24}H_{40}O_{30}I)_4 \cdot HI$ ; the molecular formula for starch would therefore be  $C_6H_{10}O_5)_4$ , a result that corresponds with that obtained by Tollens in another way.

**Such is Fame.**

Literary eminence does not affect much lodgment in the minds of people of a certain grade. The other day, the *Listener* is told, a gentleman came into a barber shop just as Dr. Oliver Wendell Holmes was going out, and occupied the chair that the autocrat had vacated.

"Do you know who that was that just went out?" said the barber.

The visitor was curious to see what account of Dr. Holmes the barber would give, and shook his head.

"Why," said the barber, "that's old Dr. Holmes."

"And who is Dr. Holmes?"

"Oh, he's been a doctor here a great many years. I believe he ain't practisin' any more; but he's thought a great deal of!"

**Mutual Confidence.**

Judge (to the accused)—Seppel, if you admit that you owe your doctor 20 marks, and you have the money, why don't you pay him?

Seppel—I am perfectly willing to pay the doctor, but first he should give me a receipt for the money, for he is not a reliable man. If I give him the money before he gives the receipt, then he won't sign the receipt, and afterward he will want the money again.

Judge—Doctor, why won't you sign the receipt?

Doctor—I will tell your honor. Seppel is not a reliable man. If I give him a receipt he won't pay me at all, and if then I prosecute him he will show the receipted bill in court.—*Fliegende Blätter*.

**Antiquity of Mercury.**

Quicksilver, known to the Plinies and Dioscorides, was first authentically used by Avicenna and by Paracelsus. The first mention, however, of calomel we find in the seventeenth century, when it was known under various synonyms, such as aquila alba (the white eagle), leo mitigatus, drago mitigatus, panchymagogum, or mineral manna. It has held its own ever since, and is one of the first on the list of the present armamentarium.

**Hygiene in Early Youth.**

A three-year-old Philadelphian had heard her parents discuss hygiene until her infant mind was soaked with the subject. One day her dear old grandmother said—meaning to give Bessie a piece of cake—"Bessie, what do you always have after

your bath?" The child regarded her grandmother for a moment with inquiring eyes, and then replied: "Reaction."—*Christian Intelligencer.*

### A Story of Science.

BY ONE WHO KNOWS NOTHING ABOUT IT.

A philosopher sat in his easy chair,  
Looking as grave as Milton;  
He wore a solemn and mystic air  
As he Canada balsam spilt on  
A strip of glass, a slide to prepare  
For a mite taken out of his Stilton.  
He took his microscope out of its case,  
And settled the focus rightly:  
The light thrown back from the mirror's face  
Came glimmering upward brightly.  
He put the slide with the mite in place,  
And fixed on the cover tightly.  
He turned the instrument up and down,  
Till getting a proper sight, he  
Exclaimed, as he gazed with a puzzled frown,  
"Good gracious!" and "Highty—tightly!"  
The sight is enough to alarm the town—  
A mite is a monster mighty!"  
From 'tother end of the tube, the mite  
Regarded our scientific,—  
To its naked eye, as you'll guess, the sight  
Of a man was most terrific,  
But reversing the microscope, made him quite  
The opposite of magnific.  
"One sees the truth through this tube so tall,"  
Said the mite as it squinted through it,  
"Man is not so wondrously big after all,  
If the mite-world only knew it."

### MORAL.

Mem.—Whether a thing is large or small  
Depends on the way you view it!

### Dentistry in Germany.

There are at present 1,435 people engaged in dentistry in the German Empire. Of this number, 505 are "approved" in Germany, 33 of whom are American graduates. Of the 94 practitioners who are graduates of American colleges, only 17 are females; 21 are "approved" in other countries, but not in America. There are 815 persons practicing mechanical dentistry without any other occupation. In the province of Hesse-Nassau there are 83 practitioners of dentistry, of whom 29 are "approved" in Germany, 4 being American graduates, and 14 from American schools exclusively, 3 of whom are females. Two of these are "approved" in other countries (not America), and 38 mechanical dentists without other occupation. In 77 cities with over 10,000 inhabitants, there is not a dentist, surgical or mechanical, and in 86 cities there are no surgeons, though there are in these places practitioners of mechanical dentistry.—*Jour. f. Zahnheilkunde.*

### Items.

—Dr. Negri, in the *Annali Di Ostetrica*, states that when the fetus is dead, if the examiner, while palpating the superior pole of the uterus, gives a series of little blows with the tips of the fingers, a cracking sound resembling the crepitus of fractures will be noticed.

—"Pears to me," said old Uncle Pete, as he leaned his hoe against the corn-crib and abstracted a pebble from his shoe; "pears to me like dar was some kin' o' mis-decomposishum in all dis talk about babies cuttin' teef. De way I'se cum to look at it, hit's de teef cuttin' de baby. Leas'wise, dat's de way hit looks in de case ob cullud chilen."—*Archives of Pediatrics.*

—Hippocrates employed a variety of medicines which, even at present times, are continually employed and held in high favor. Besides iron rust and hellebore, he was possessed of the knowledge of elaterium, colocynth, scammony, cantharides, asafoetida, papaver somniferum, mandragora, and antimony. As prophylactics he made use of wine, vinegar, and kindred articles, and employed them for lotions and enemata, and for the same purpose they are still in use.

—The garbage crematory at Wheeling, W. Va., is said to be completed, and to have stood the tests which have been applied, to the satisfaction of the authorities. Pittsburgh, Penn., is also endeavoring to solve the difficult problem of the disposal of garbage, and has advertised for bids to construct furnaces. We regret to learn that the Milwaukee, Wis., authorities have decided to remove the garbage of that city to the country, and there bury it in the ground. Such a method of disposal is, at the best, unsanitary, and can be but a temporary relief.

—The Belgian Government, in consequence of requests made in the Chamber of Deputies, lately deputed three Belgian physicians residing in Paris—Drs. Grandjeau, DeBrun, and Peeters—to investigate and report on M. Pasteur's method of preventive treatment of hydrophobia, and to decide upon the advisability of founding a Pasteur Institute in Belgium. The report of these gentlemen, as the Chamber has just been informed, is decidedly adverse to such a step. It was decided by the reporters that Pasteur's method is not as yet sufficiently established, and one of them, Dr. De Bruyn, doubted whether there was any efficacy at all in the treatment. In this last view, Van der Corput, "Belgium's chief specialist," coincides.

—THE RIBERI PRIZE.—The Turin Academy of Medicine has selected for the Riberi prize of 20,000f. the following subject:—"Researches on the nature and prophylaxis of one or more of the infectious diseases affecting man." Manuscripts in Latin, French or Italian will be received until December 31, 1891. Printed essays will also be admitted to compete.

### OBITUARIES.

#### MARK HOPKINS, M.D., LL.D.

It may not be generally known that the Rev. Dr. Hopkins, President of Williams College, who died last month, was a doctor of medicine. But such is the case. Mark Hopkins graduated in medicine, in New York, in 1829, and made an attempt to enter into practice by forming a partnership with Dr. Silas West, of Binghampton, N. Y. At that time Dr. West could not accede to the wish of Dr. Hopkins, and three months later the young physician was called to the Professorship of Rhetoric and Moral Philosophy in Williams College. This event diverted him from the practice of his profession and led him into the career which has been so honorable to himself and so useful to Williams College and to the world. Probably no college president has ever enjoyed more of the love and respect of his students than did President Hopkins, whose example and teachings were of the noblest sort. And, although he was but a short time in the ranks of the active members of the medical profession, it is a pleasure to believe that some share of his success may have been due to the ideas received during the period of his medical studies and medical work.

#### DR. BENJAMIN HANCOCK DEACON.

Dr. Benjamin Hancock Deacon, of Frankford, Philadelphia, died at his residence on May 20, 1886, from general paresis. Born in 1810, in Burlington County, near Burlington, N. J., he graduated at the Jefferson Medical College, in 1845, and soon after engaged in practice in Delaware County, Pa. Four years later (1849) he removed to Frankford, and with the exception of the year 1873, when he made a trip to Europe, was in constant practice until 1883, when he declined to visit patients outside, and prescribed for but few patients at his office. However, after the summer of 1884, he generally declined to write prescriptions, and devoted his time largely to reading and his private affairs.

Dr. Deacon was a member of the Society of Friends, a director in the Second Nation Bank, a director in the Board of Friend's Asylum, and for several years visiting physician to the same. In conversation a year before his death, he spoke of his early struggles, and said he was in Frankford more than three years before he had acquired a respectable business, but we have learned from physicians younger than he that later on he had a large and lucrative consulting practice.

This epitome of nearly forty years' practice of medicine fails to fully record the history of a life well spent, nor does it express the grateful feelings of a large and appreciative circle of patrons.

### Official List of Changes of Stations and Duties of Officers.

*Changes in the Medical Corps of the Navy, for the week ending July 2, 1887:*

P. A. Surgeon, C. W. Deane, ordered to the Naval Rendezvous, San Francisco, Cal.

Asst. Surgeon, H. N. F. Harris, ordered to the Naval Hospital, Mare Island, Cal.

Med. Director, A. G. Gorgas, remain on present duty until Dec. 31, 1887.

Med. Inspector, C. J. Cleborne, remain on present duty until Dec. 31, 1887.

Surgeon, Benj. F. Mackey, remain on present duty until Dec. 31, 1887.

Med. Director, J. Mills Browne, will remain on present duty as member of Retiring Board until June 30, 1888.

Med. Director, Richard C. Dean, will remain on present duty as member of Retiring Board until June 30, 1888.

*Official list of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from June 26, 1887, to July 2, 1887:*

Major J. C. McKee, Surgeon, granted three days' leave. S. O. 149, A. G. O., June 29, 1887.

Capt. George T. Beall, Medical Storekeeper, granted four months' leave of absence. S. O. 150, A. G. O., June 30, 1887.

Capt. A. V. Cherbonnier, Medical Storekeeper, directed to take charge of office and perform duties of Acting Assistant Medical Purveyor in St. Louis, Mo., during absence on leave of Capt. Geo. T. Beall, Medical Storekeeper, now performing those duties. S. O. 150, A. G. O., June 30, 1887.

Armstrong, S. T., Passed Assistant Surgeon, Relieved from duty at Marine Hospital, Memphis, Tenn.; ordered to Marine Hospital, New York, N. Y., June 27, 1887.

Beckham, C. T., Passed Assistant Surgeon, relieved from duty at Marine Hospital, Wilmington, N. C.; ordered to Marine Hospital, Memphis, Tenn., June 27, 1886.

Glenan, A. H., Passed Assistant Surgeon, ordered to Revenue Cutter "Crawford" for temporary duty, June 30, 1887.

Brooks, S. R., Assistant Surgeon, ordered to examination for promotion, June 27, 1887; relieved from duty at Evansville, Ind.; ordered to Marine Hospital, Wilmington, N. C., June 27, 1887.